



## **The All-Payer Claims Database**

**Version 1.0**

**Documentation Guide**

**Attachment A**

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# EDITS

## Overview

When Payers deliver APCD data submissions to the Center, an Edits process is run on each submission file to check that the data complies with requirements for each file type and each data element. The file edits perform an important data quality check on incoming submissions from payers. On a data element level, they identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data type errors such as incorrect date formats, decimals, etc. will fail a file automatically and it must be corrected and resubmitted. Failure to meet an expected threshold may also result in a resubmission.

## Edit Levels

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to the Center. Refer to the **File Layout** section of this document to view the Edit Level for each Data Element.

'A' level fields must meet their **APCD threshold percentage** in order for a file to pass, and there is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any 'A' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action. The other categories (**B, C, and Z**) are also **monitored** but no further action is required at this time.

## Historical Claims Data Edit Levels Relaxed

Beginning July 1, 2010, edits have been enforced on Claims data (with approved variances). For historical Claims files submitted by the payers (2008/2009/Jan-Jun 2010), edits were relaxed. The quality of data for older years does not contain the same level of completeness (in some cases). Edits were run on historical claims and results were reported to Payers, but the weight was removed from some of the edits. Many payers have since implemented new systems, made a concerted effort to improve data quality, and worked with the Center to provide more comprehensive data.

## TABLE OF EDITS

File Type	Element	Element Name	Element Description	Edit ID	Message
HD	HD002	Payer	Payer submitting payments/Council Submitter Code	209	The Payer Field on the Header Record must be a valid DHCFP assigned OrgID and must be a valid filer for the given filing type.
HD	HD004	Type of File	Type of File	216	The header field HD004 (Type of File) does not match the file type on the Transmittal Sheet.
HD	HD004	Type of File	Type of File	3896	Partial Replacement submissions are not allowed. Please resubmit with the Full Replacement indicator.
HD	HD004	Type of File	Type of File	3897	The file type is not valid for the submission period selected.
HD	HD005	Period Beginning Date	CCYYMM	204	The Period Beginning Date on the Header Record must correspond with the Year and Quarter/Month entered on the Transmittal Sheet.
HD	HD006	Period Ending Date	CCYYMM	205	The Period End Date on the Header Record must correspond with the Year and Quarter/Month entered on the Transmittal Sheet.
HD	HD007	Record Count	Total number of records submitted in this file	218	The Record count in the Header Record (HD007) must match the Record Count entered on the transmittal.
HD	HD007	Record Count	Total number of records submitted in this file	206	The Record Count in the Header Record must match the number of records in the file.
DC	DC001	Payer	Payer submitting payments; Council Submitter Code	1943	The Payer Field within each record of the file must match the Payer Field on the Header Record.
DC	DC001	Payer	Payer submitting payments; Council Submitter Code	2321	Payer is required.
DC	DC002	National Plan ID	CMS National Plan ID	3644	National Plan ID field must match the National Plan ID on the Header Record
DC	DC003	Dental Insurance Type Code/PR	Dental Insurance Type Code/PR	1992	Dental Insurance Type Code/PR must be within the valid domain of values.
DC	DC003	Dental Insurance Type Code/PR	Dental Insurance Type Code/PR	2323	Dental Insurance Type Code/PR is required.
DC	DC004	Payer Claim Control Number	Must apply to entire claim and be unique within the payers system	2324	Payer Claim Control Number is required.
DC	DC005	Line Counter	Line number for this service	2325	Line Counter is required.
DC	DC005	Line Counter	Line number for this service	2649	Line Counter must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC005A	Version Number	Claim Service Line Version Number.	2326	Version Number is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
DC	DC005A	Version Number	Claim Service Line Version Number.	2650	Version Number must be in integer (no decimal points) format and cannot be negative.
DC	DC006	Insured Group or Policy Number	Used to create unique member ID, for internal validation and data quality; not released.	2327	Insured Group or Policy Number is required.
DC	DC007	Subscriber SSN	Used to create unique member ID, for internal validation and data quality; not released.	2328	Subscriber SSN is required.
DC	DC007	Subscriber SSN	Used to create unique member ID, for internal validation and data quality; not released.	3732	Subscriber SSN must be 9 digits, numeric and in valid format.
DC	DC008	Plan Specific Contract Number	Used to create unique member ID, for internal validation and data quality; not released.	2329	Plan Specific Contract Number is required.
DC	DC009	Member Suffix or Sequence Number	Used to create unique member ID, for internal validation and data quality; not released.	2330	Member Suffix or Sequence Number is required.
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	2331	Member Identification Code is required.
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	3735	MemberIdentificationCode must be 9 digits, numeric and in valid format.
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	3898	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	1993	Individual Relationship Code must be within the valid domain of values.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	2332	Individual Relationship Code is required.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	2651	Individual Relationship Code must be in integer (no decimal points) format.
DC	DC012	Member Gender	Member Gender	2333	Member Gender is required.
DC	DC012	Member Gender	Member Gender	2731	Member Gender must be within the valid domain of values.
DC	DC013	Member Date of Birth	YYYYMMDD	3753	Member Date of Birth cannot be after the service date.
DC	DC013	Member Date of Birth	YYYYMMDD	2578	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date and cannot be a future date.
DC	DC013	Member Date of Birth	YYYYMMDD	2334	Member Date of Birth is required.
DC	DC014	Member City Name	City name of member	2335	Member City Name is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
DC	DC015	Member State or Province	Member State or Province	2336	Member State or Province is required.
DC	DC016	Member ZIP Code	Member ZIP Code	2337	Member ZIP Code is required.
DC	DC016	Member ZIP Code	Member ZIP Code	3646	Member zip code must be within the valid domain of values.
DC	DC017	Date Service Approved (AP Date)	YYYYMMDD (Generally the same as the paid date)	2338	Date Service Approved (AP Date) is required.
DC	DC017	Date Service Approved (AP Date)	YYYYMMDD (Generally the same as the paid date)	2579	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC018	Service PV Number	Payer assigned PV number	2339	Service PV Number is required.
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	2340	Service PV Tax ID Number is required.
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	3648	Service PV Tax ID must be in valid Tax ID format
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	3899	Service PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC020	National Service PV ID	See <a href="https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do">https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do</a> for PV lookup resource	3649	National Service PV ID must be 10 digits
DC	DC020	National Service PV ID	See <a href="https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do">https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do</a> for PV lookup resource	3754	NationalPVID must be in integer (no decimal points) format.
DC	DC020	National Service PV ID	See <a href="https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do">https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do</a> for PV lookup resource	2341	National Service PV ID is required.
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	2342	Service PV Entity Type Qualifier is required.
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	2652	Service PV Entity Type Qualifier must be in integer (no decimal points) format .
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	1996	Service PV Entity Type Qualifier must be within the valid domain of values.
DC	DC022	Service PV First Name	Service PV First Name	3894	Service PV First Name is required when Service PV Entity Type Qualifier (DC021) equals 1.

File Type	Element	Element Name	Element Description	Edit ID	Message
DC	DC023	Service PV Middle Name	Service PV Middle Name	3895	Service PV Middle Name is required when Service PV Entity Type Qualifier (DC021) equals 1.
DC	DC024	Service PV Last Name or Organization Name	Service PV Last Name or Organization Name	2345	Service PV Last Name or Organization Name is required.
DC	DC025	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3863	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.
DC	DC025	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3913	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
DC	DC026	Service PV Specialty	As defined by payer. Dictionary for specialty code values must be supplied during testing.	3864	Service PV Specialty must be within the valid domain of values.
DC	DC026	Service PV Specialty	As defined by payer. Dictionary for specialty code values must be supplied during testing.	2347	Service PV Specialty is required.
DC	DC027	Service PV City Name	Practice location	2348	Service PV City Name is required.
DC	DC028	Service PV State	Service PV State	2349	Service PV State is required.
DC	DC028	Service PV State	Service PV State	3825	Service PV State must be within the valid domain of values.
DC	DC029	Service PV ZIP Code	Service PV ZIP Code	3826	Service PV Zip Code must be within the valid domain of values.
DC	DC029	Service PV ZIP Code	Service PV ZIP Code	2350	Service PV ZIP Code is required.
DC	DC030	Facility Type – Professional	Facility Type – Professional	2351	Facility Type – Professional is required.
DC	DC030	Facility Type – Professional	Facility Type – Professional	3827	Facility Type must be within the valid domain of values.
DC	DC031	Claim Status	Claim Status	1998	Claim Status must be within the valid domain of values.
DC	DC031	Claim Status	Claim Status	2352	Claim Status is required.
DC	DC031	Claim Status	Claim Status	2653	Claim Status must be in integer (no decimal points) format .
DC	DC032	CDT Code	Common Dental Terminology code	2353	CDT Code is required.
DC	DC032	CDT Code	Common Dental Terminology code	1999	CDT Code must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
DC	DC033	Procedure Modifier – 1	Procedure Modifier – 1	2000	Procedure Modifier – 1 must be within the valid domain of values.
DC	DC034	Procedure Modifier – 2	Procedure Modifier – 2	2001	Procedure Modifier – 2 must be within the valid domain of values.
DC	DC035	Date of Service – From	First date of service for this service line. YYYYMMDD	3652	Date of Service – From may not be future date
DC	DC035	Date of Service – From	First date of service for this service line. YYYYMMDD	2356	Date of Service – From is required.
DC	DC035	Date of Service – From	First date of service for this service line. YYYYMMDD	2580	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC036	Date of Service – Thru	Last date of service for this service line. YYYYMMDD	2581	Date of Service – Thru must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC036	Date of Service – Thru	Last date of service for this service line. YYYYMMDD	3653	Date of Service – Thru must be >= Date of Service – From
DC	DC037	Charge Amount	Charge Amount	2654	Charge Amount must be in integer (no decimal points) format cannot be zero and cannot be negative.
DC	DC037	Charge Amount	Charge Amount	2358	Charge Amount is required.
DC	DC037	Charge Amount	Charge Amount	3922	Charge Amount cannot be zero.
DC	DC038	Paid Amount	Paid Amount	2655	Paid Amount must be in integer (no decimal points) format and cannot be negative
DC	DC038	Paid Amount	Paid Amount	3757	Paid amount must be present when claim status = 01, 02, 03, 19, 20, 21.
DC	DC039	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point. Decimal points are implied.	2360	Copay Amount is required.
DC	DC039	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point. Decimal points are implied.	2656	Copay Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC040	Coinsurance Amount	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	2361	Coinsurance Amount is required.
DC	DC040	Coinsurance Amount	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	2657	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC041	Deductible Amount	Deductible Amount	2362	Deductible Amount is required.



File Type	Element	Element Name	Element Description	Edit ID	Message
DC	DC041	Deductible Amount	Deductible Amount	2658	Deductible Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC042	PR ID Number	Must correspond to the PR file	2363	PR ID Number is required.
DC	DC043	Member Street Address	Used to create unique member ID, for internal validation and data quality; not released.	2364	Member Street Address is required.
DC	DC044	Billing PV Tax ID Number	Billing PV Tax ID Number	2365	Billing PV Tax ID Number is required.
DC	DC044	Billing PV Tax ID Number	Billing PV Tax ID Number	3654	Billing PV Tax ID Number must be in valid Tax ID format
DC	DC044	Billing PV Tax ID Number	Billing PV Tax ID Number	3900	Billing PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC045	Paid Date	YYYYMMDD	3647	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.
DC	DC045	Paid Date	YYYYMMDD	2366	Paid Date is required.
DC	DC045	Paid Date	YYYYMMDD	2582	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC046	Allowed Amount	Allowed Amount	2367	Allowed Amount is required when Claim Status (DC031) = 04 or 22.
DC	DC046	Allowed Amount	Allowed Amount	2659	Allowed Amount must be in integer (no decimal points) format cannot be negative and cannot be zero.
DC	DC047	Tooth Number/Letter	provides further detail on procedure	3828	Tooth Number/Letter must be within the valid domain of values.
DC	DC048	Dental Quadrant	provides further detail on procedure	3830	Dental Quadrant must be within the valid domain of values.
DC	DC049	Tooth Surface	provides further detail on procedure	3829	Tooth Surface must be within the valid domain of values.
DC	DC050	Subscriber Last Name	Used to create unique member ID, for internal validation and data quality; not released.	2371	Subscriber Last Name is required.
DC	DC051	Subscriber First Name	Used to create unique member ID, for internal validation and data quality; not released.	2372	Subscriber First Name is required.
DC	DC053	Member Last Name	Used to create unique member ID, for internal validation and data quality; not released.	2374	Member Last Name is required.
DC	DC054	Member First Name	Used to create unique member ID, for internal validation and data quality; not released.	2375	Member First Name is required.
DC	DC055	Member Middle Initial	Used to create unique member ID, for internal validation and data quality; not released.	2376	Member Middle Initial is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
DC	DC056	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member.	2377	Carrier Specific Unique Member ID is required.
DC	DC057	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.	2378	Carrier Specific Unique Subscriber ID is required.
DC	DC058	Member Address 2	Address of member, which may include apartment number or suite, or other secondary information besides the street.	3813	The Member Address 2 is required when the Member Street Address (DC043) is not present.
DC	DC059	Claim Line Type	Code indicating type of record.	2733	Claim Line Type must be within the valid domain of values.
DC	DC059	Claim Line Type	Code indicating type of record.	2380	Claim Line Type is required.
DC	DC060	Former Claim Number	If this is not an original claim (Claim line type = "O", then the previous claim number that this is replacing/voiding.	3856	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.
DC	DC899	Record Type	DC	3725	RecordType must match the RecordType in the header and the trailer.
DC	DC899	Record Type	DC	2382	Record Type is required.
MC	MC001	Payer	Payer submitting payments, Council Submitter Code	1942	The Payer Field within each record of the file must match the Payer Field on the Header Record.
MC	MC001	Payer	Payer submitting payments, Council Submitter Code	2089	Payer is required.
MC	MC002	National Plan ID	CMS National Plan ID	3656	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.
MC	MC003	Insurance Type Code/PR	See tlkpClaimInsuranceType	1958	Insurance Type Code/PR must be within the valid domain of values.
MC	MC003	Insurance Type Code/PR	See tlkpClaimInsuranceType	2091	Insurance Type Code/PR is required.
MC	MC004	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system	2092	Payer Claim Control Number is required.
MC	MC005	Line Counter	Line number for this service, The line counter begins with 1 and is incremented by 1 for each additional service line of a claim	2093	Line Counter is required.
MC	MC005	Line Counter	Line number for this service, The line counter begins with 1 and is incremented by 1 for each additional service line of a claim	2599	Line Counter must be in integer (no decimal points) format cannot be negative and cannot be zero.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC005A	Version Number	Version number of this claim service line, The version number begins with 0 and is incremented by 1 for each subsequent version of that service line	2094	Version Number is required.
MC	MC005A	Version Number	Version number of this claim service line, The version number begins with 0 and is incremented by 1 for each subsequent version of that service line	2600	Version Number must be in integer (no decimal points) format and cannot be negative.
MC	MC006	Insured Group or Policy Number	Group or policy number (not the number that uniquely identifies the subscriber)	2095	Insured Group or Policy Number is required.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	2096	Subscriber SSN is required.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	3729	Subscriber SSN must be 9 digits, numeric and in valid format.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	3901	Subscriber SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
MC	MC008	Plan Specific Contract Number	Encrypted plan assigned Set as null if contract number = subscriber's social security number	2097	Plan Specific Contract Number is required.
MC	MC009	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2098	Member Suffix or Sequence Number is required.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	2099	Member SSN is required.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	3728	Member SSN must be 9 digits, numeric and in valid format.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	3902	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	1959	Individual Relationship Code must be within the valid domain of values.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	2100	Individual Relationship Code is required.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	2601	Individual Relationship Code must be in integer (no decimal points) format .
MC	MC012	Member Gender	M – Male, F – Female, U – Unknown	2101	Member Gender is required.
MC	MC012	Member Gender	M – Male, F – Female, U – Unknown	1960	Member Gender must be within the valid domain of values.
MC	MC013	Member Date of Birth	CCYYMMDD	2565	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC013	Member Date of Birth	CCYYMMDD	2102	Member Date of Birth is required.
MC	MC013	Member Date of Birth	CCYYMMDD	3848	The Member Date of Birth cannot be after the date of service.
MC	MC014	Member City Name	City name of member	2103	Member City Name is required.
MC	MC015	Member State or Province	As defined by the US Postal Service	2104	Member State or Province is required.
MC	MC015	Member State or Province	As defined by the US Postal Service	3759	Member State or Province must be within the valid domain of values.
MC	MC016	Member ZIP Code	ZIP Code of member – may include non-US codes	3657	Member zip code must be within the valid domain of values.
MC	MC016	Member ZIP Code	ZIP Code of member – may include non-US codes	2105	Member ZIP Code is required.
MC	MC017	Date Service Approved (AP Date)	CCYYMMDD, (Generally the same as the paid date)	2106	Date Service Approved (AP Date) is required.
MC	MC017	Date Service Approved (AP Date)	CCYYMMDD, (Generally the same as the paid date)	2566	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC018	Admission Date	Required for all inpatient claims, CCYYMMDD	2567	Admission Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC018	Admission Date	Required for all inpatient claims, CCYYMMDD	3760	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).
MC	MC019	Admission Hour	Required for all inpatient claims, Time is expressed in military time – HH or HHMM	3761	Admission Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.
MC	MC019	Admission Hour	Required for all inpatient claims, Time is expressed in military time – HH or HHMM	2602	Admission Hour must be in integer (no decimal points) format and cannot be negative.
MC	MC020	Admission Type	See tlkpAdmissionType	2603	Admission Type must be in integer (no decimal points) format .
MC	MC020	Admission Type	See tlkpAdmissionType	3744	Admission Type must be within the valid domain of values.
MC	MC020	Admission Type	See tlkpAdmissionType	3771	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC021	Admission Source	See tlkpAdmissionSource	3772	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.
MC	MC021	Admission Source	See tlkpAdmissionSource	3745	Admission Source must be within the valid domain of values.
MC	MC022	Discharge Hour	Hour in military time – HH or HHMM	3762	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.
MC	MC022	Discharge Hour	Hour in military time – HH or HHMM	2604	Discharge Hour must be in integer (no decimal points) format and cannot be negative.
MC	MC023	Discharge Status	See tlkpDischargeStatus	3737	DischargeStatus must be within the valid domain of values.
MC	MC023	Discharge Status	See tlkpDischargeStatus	2605	Discharge Status must be in integer (no decimal points) format .
MC	MC023	Discharge Status	See tlkpDischargeStatus	3849	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim (MC094) = 002.
MC	MC024	Service PV Number	Payer assigned PV number	2113	Service PV Number is required.
MC	MC025	Service PV Tax ID Number	Federal taxpayer's identification number	2114	Service PV Tax ID Number is required.
MC	MC025	Service PV Tax ID Number	Federal taxpayer's identification number	3763	Service PV Tax ID must be numeric and 9 digits.
MC	MC026	National Service PV ID	Required if National PV ID is mandated, for use under HIPAA	3659	National Service PV ID must be numeric and 10 digits.
MC	MC026	National Service PV ID	Required if National PV ID is mandated, for use under HIPAA	2115	National Service PV ID is required.
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	2116	Service PV Entity Type Qualifier is required.
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	2606	Service PV Entity Type Qualifier must be in integer (no decimal points) format .

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	1964	Service PV Entity Type Qualifier must be within the valid domain of values.
MC	MC028	Service PV First Name	Individual first name, Set to null if PV is a facility or organization	3891	Service PV First name is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC029	Service PV Middle Name	Individual middle name or initial, Set to null if PV is a facility or organization	3892	The Service PV Middle Name is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC030	Service PV Last Name or Organization Name	Full name of PV organization, or last name of individual PV	2119	Service PV Last Name or Organization Name is required.
MC	MC031	Service PV Suffix	Suffix to individual name, Set to null if PV is a facility or organization., Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than	3893	The Service PV Suffix is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC031	Service PV Suffix	Suffix to individual name, Set to null if PV is a facility or organization., Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than	2700	Service PV Suffix must be within the valid domain of values.
MC	MC032	Service PV Specialty	As defined by payer, Dictionary for specialty code values, must be supplied during testing	3850	The Service PV Specialty must be within the valid domain of values.
MC	MC032	Service PV Specialty	As defined by payer, Dictionary for specialty code values, must be supplied during testing	2121	Service PV Specialty is required.
MC	MC033	Service PV City Name	City name of PV – preferably practice location	2122	Service PV City Name is required.
MC	MC034	Service PV State	As defined by the US Postal Service	2123	Service PV State is required.
MC	MC034	Service PV State	As defined by the US Postal Service	3851	The Service PV State must be within the valid domain of values.
MC	MC035	Service PV ZIP Code	ZIP Code of PV – may include non-US codes Do not include dash	3852	The Service PV Zip Code must be within the valid domain of values.
MC	MC035	Service PV ZIP Code	ZIP Code of PV – may include non-US codes Do not include dash	2124	Service PV ZIP Code is required.
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	2607	Type of Bill – on Facility Claims must be in integer (no decimal points) format .
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	3741	TypeofBillBillClassification must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillClassification and tlkpTypeOfBillFacilityType	3742	TypeofBillFacilityType must be within the valid domain of values.
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillClassification and tlkpTypeOfBillFacilityType	3773	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.
MC	MC037	Site of Service – on NSF/CMS 1500 Claims	See tlkpSiteOfService	3774	The Site of Service on NSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.
MC	MC037	Site of Service – on NSF/CMS 1500 Claims	See tlkpSiteOfService	3740	Site of service must be within the valid domain of values.
MC	MC038	Claim Status	See tlkpClaimStatus	1969	Claim Status must be within the valid domain of values.
MC	MC038	Claim Status	See tlkpClaimStatus	2127	Claim Status is required.
MC	MC038	Claim Status	See tlkpClaimStatus	2608	Claim Status must be in integer (no decimal points) format .
MC	MC039	Admitting Diagnosis	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point	3746	Admitting Diagnosis must be within the valid domain of values.
MC	MC039	Admitting Diagnosis	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point	3775	The Admitting Diagnosis is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC040	E-Code	Describes an injury, poisoning or adverse effect ICD-9-CM Do not include decimal	1971	E-Code must be within the valid domain of values.
MC	MC041	Principal Diagnosis	ICD-9-CM Do not code decimal point. This should be the principal diagnosis given on the claim header.	1972	Principal Diagnosis must be within the valid domain of values.
MC	MC041	Principal Diagnosis	ICD-9-CM Do not code decimal point. This should be the principal diagnosis given on the claim header.	2130	Principal Diagnosis is required.
MC	MC042	Other Diagnosis – 1	ICD-9-CM Do not code decimal point	2714	Other Diagnosis – 1 must be within the valid domain of values.
MC	MC043	Other Diagnosis – 2	ICD-9-CM Do not code decimal point	2715	Other Diagnosis – 2 must be within the valid domain of values.
MC	MC044	Other Diagnosis – 3	ICD-9-CM Do not code decimal point	2716	Other Diagnosis – 3 must be within the valid domain of values.
MC	MC045	Other Diagnosis – 4	ICD-9-CM Do not code decimal point	2717	Other Diagnosis – 4 must be within the valid domain of values.
MC	MC046	Other Diagnosis – 5	ICD-9-CM Do not code decimal point	2718	Other Diagnosis – 5 must be within the valid domain of values.
MC	MC047	Other Diagnosis – 6	ICD-9-CM Do not code decimal point	2719	Other Diagnosis – 6 must be within the valid domain of values.
MC	MC048	Other Diagnosis – 7	ICD-9-CM Do not code decimal point	2720	Other Diagnosis – 7 must be within the valid domain of values.
MC	MC049	Other Diagnosis – 8	ICD-9-CM Do not code decimal point	2721	Other Diagnosis – 8 must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC050	Other Diagnosis – 9	ICD-9-CM Do not code decimal point	2722	Other Diagnosis – 9 must be within the valid domain of values.
MC	MC051	Other Diagnosis – 10	ICD-9-CM Do not code decimal point	2723	Other Diagnosis – 10 must be within the valid domain of values.
MC	MC052	Other Diagnosis – 11	ICD-9-CM Do not code decimal point	2724	Other Diagnosis – 11 must be within the valid domain of values.
MC	MC053	Other Diagnosis – 12	ICD-9-CM Do not code decimal point	2725	Other Diagnosis – 12 must be within the valid domain of values.
MC	MC054	Revenue Code	National Uniform Billing Committee Codes Code using leading zeroes, left-justified, and four digits.	1973	Revenue Code must be within the valid domain of values.
MC	MC054	Revenue Code	National Uniform Billing Committee Codes Code using leading zeroes, left-justified, and four digits.	3777	The Revenue Code is required when Type of Claim (MC094) = 002.
MC	MC055	Procedure Code	Health Care Common Procedural Coding System (HCPCS). This includes the CPT codes of the American Medical Association.	1974	Procedure Code must be within the valid domain of values.
MC	MC056	Procedure Modifier – 1	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code	1975	Procedure Modifier – 1 must be within the valid domain of values.
MC	MC057	Procedure Modifier – 2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code	1976	Procedure Modifier – 2 must be within the valid domain of values.
MC	MC058	ICD9-CM Procedure Code	Primary ICD9-CM code given on the claim header. Do not code decimal point	1977	ICD9-CM Procedure Code must be within the valid domain of values.
MC	MC058	ICD9-CM Procedure Code	Primary ICD9-CM code given on the claim header. Do not code decimal point	3779	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	3662	Date of Service – From may not be future date
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	2148	Date of Service – From is required.
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	2568	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	2149	Date of Service – To is required.
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	3663	Date of Service – Thru may not be future date
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	2569	Date of Service – To must be in date format (YYYYMMDD) and cannot be a future date.



File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC061	Quantity	Count of services performed. Should be set equal to 1 on all Observation bed service lines, for consistency.	2609	Quantity must be in integer (no decimal points) format and cannot be negative.
MC	MC061	Quantity	Count of services performed. Should be set equal to 1 on all Observation bed service lines, for consistency.	3780	The Quantity is required when Site of Service on NSF CMS 1500 claims is populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.
MC	MC062	Charge Amount	Do not code decimal point	2151	Charge Amount is required.
MC	MC062	Charge Amount	Do not code decimal point	2610	Charge Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC062	Charge Amount	Do not code decimal point	3920	Charge Amount cannot be zero.
MC	MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	2611	Paid Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	3781	The Paid Amount is required when Claim Status (MC038) = 01,02,03,19,20, 21.
MC	MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2153	Prepaid Amount is required.
MC	MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2612	Prepaid Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2154	Copay Amount is required.
MC	MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2613	Copay Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC066	Coinsurance Amount	Do not code decimal point	2155	Coinsurance Amount is required.
MC	MC066	Coinsurance Amount	Do not code decimal point	2614	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC067	Deductible Amount	Do not code decimal point	2156	Deductible Amount is required.
MC	MC067	Deductible Amount	Do not code decimal point	2615	Deductible Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC068	Patient Control Number	Number assigned by hospital	3782	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC069	Discharge Date	Required for all inpatient claims CCYYMMDD	3764	Discharge Date is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.
MC	MC069	Discharge Date	Required for all inpatient claims CCYYMMDD	2570	Discharge Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC070	Service PV Country Code	Country Code of PV – preferably practice location	3853	The Service PV Country Code must be within the valid domain of values.
MC	MC070	Service PV Country Code	Country Code of PV – preferably practice location	2159	Service PV Country Code is required.
MC	MC071	DRG	DRG	3783	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge Hour (MC022) and Discharge Status (MC023) are populated.
MC	MC072	DRG Version	Version number of the grouper used	3854	The DRG Version is required when DRG (MC071) is present.
MC	MC073	APC	APC	3867	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .
MC	MC074	APC Version	APC Version	3868	APC Version is required when APC is populated.
MC	MC075	Drug Code	Drug Code	2006	Drug Code must be within the valid domain of values.
MC	MC076	Billing PV Number	Payer assigned billing PV number.	2165	Billing PV Number is required.
MC	MC077	National Billing PV ID	National PV ID.	2166	National Billing PV ID is required.
MC	MC077	National Billing PV ID	National PV ID.	3665	National Billing PV ID must be ten digits long and numeric
MC	MC078	Billing PV Last Name or Organization Name	Full name of PV organization or last name of individual PV.	2167	Billing PV Last Name or Organization Name is required.
MC	MC079	PR ID Number	Must correspond to the PR file.	2168	PR ID Number is required.
MC	MC080	Reason for Adjustment	Codes to be developed.	2169	Reason for Adjustment is required.
MC	MC080	Reason for Adjustment	Codes to be developed.	3739	Reason for adjustment must be within the valid domain of values.
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2701	Capitated Encounter Flag must be within the valid domain of values.
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2616	Capitated Encounter Flag must be in integer (no decimal points) format .

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2170	Capitated Encounter Flag is required.
MC	MC082	Member Street Address	Street address of member; used for internal geocoding processes; not released.	2171	Member Street Address is required.
MC	MC083	Other ICD-9-CM Procedure Code – 1	Other ICD-9-CM Procedure Code – 1	2008	Other ICD-9-CM Procedure Code – 1 must be within the valid domain of values.
MC	MC084	Other ICD-9-CM Procedure Code – 2	Other ICD-9-CM Procedure Code – 2	2009	Other ICD-9-CM Procedure Code – 2 must be within the valid domain of values.
MC	MC085	Other ICD-9-CM Procedure Code – 3	Other ICD-9-CM Procedure Code – 3	2010	Other ICD-9-CM Procedure Code – 3 must be within the valid domain of values.
MC	MC086	Other ICD-9-CM Procedure Code – 4	Other ICD-9-CM Procedure Code – 4	2011	Other ICD-9-CM Procedure Code – 4 must be within the valid domain of values.
MC	MC087	Other ICD-9-CM Procedure Code – 5	Other ICD-9-CM Procedure Code – 5	2012	Other ICD-9-CM Procedure Code – 5 must be within the valid domain of values.
MC	MC088	Other ICD-9-CM Procedure Code – 6	Other ICD-9-CM Procedure Code – 6	2013	Other ICD-9-CM Procedure Code – 6 must be within the valid domain of values.
MC	MC089	Paid Date	Paid Date	3658	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.
MC	MC089	Paid Date	Paid Date	2178	Paid Date is required.
MC	MC089	Paid Date	Paid Date	2571	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC090	LOINC Code	LOINC Code	3860	The LOINC Code must be within the valid domain of values.
MC	MC092	Covered Days	Amount of inpatient days paid for by carrier..	3666	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC092	Covered Days	Amount of inpatient days paid for by carrier..	2617	Covered Days must be in integer (no decimal points) format and cannot be negative.
MC	MC093	Non Covered Days	Amount of inpatient days that were not paid for by plan for the inpatient event.	2618	Non Covered Days must be in integer (no decimal points) format and cannot be negative.
MC	MC093	Non Covered Days	Amount of inpatient days that were not paid for by plan for the inpatient event.	3667	The Non Covered Days is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC094	Type of Claim	Type of Claim	2702	Type of Claim must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC094	Type of Claim	Type of Claim	2183	Type of Claim is required.
MC	MC095	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	2619	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC095	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	3784	The Coordination Of Benefits TPL Liability Amount is required when Claim Status (MC038) equals 19, 20 or 21.
MC	MC096	Other Insurance Paid Amount	Other Insurance Paid Amount	3785	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, 21.
MC	MC096	Other Insurance Paid Amount	Other Insurance Paid Amount	2620	Other Insurance Paid Amount must be in integer (no decimal points) format .
MC	MC097	Medicare Paid Amount	Medicare Paid Amount	2621	Medicare Paid Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC097	Medicare Paid Amount	Medicare Paid Amount	3786	The Medicare Paid Amount is required when Medicare Indicator = Y.
MC	MC098	Allowed Amount	Allowed Amount	3787	The Allowed amount is required when Claim Status does not equal 04 or 22.
MC	MC098	Allowed Amount	Allowed Amount	2622	Allowed Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC099	Non-Covered Amount	Dollar amount that was charged that is above the plans limitations.	2623	Non-Covered Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC099	Non-Covered Amount	Dollar amount that was charged that is above the plans limitations.	3788	The Non Covered amount is required when Claim Status equals 04 or 22.
MC	MC100	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3861	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.
MC	MC100	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3914	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
MC	MC101	Subscriber Last Name	Used to create unique member ID and for internal validation processes.	2190	Subscriber Last Name is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC102	Subscriber First Name	Used to create unique member ID and for internal validation processes.	2191	Subscriber First Name is required.
MC	MC104	Member Last Name	Used to create unique member ID and for internal validation processes.	2193	Member Last Name is required.
MC	MC105	Member First Name	Used to create unique member ID and for internal validation processes.	2194	Member First Name is required.
MC	MC108	Procedure Modifier – 3	Procedure Modifier – 3	2017	Procedure Modifier – 3 must be within the valid domain of values.
MC	MC109	Procedure Modifier – 4	Procedure Modifier – 4	2018	Procedure Modifier – 4 must be within the valid domain of values.
MC	MC110	Claim Processed Date	Claim Processed Date	2199	Claim Processed Date is required.
MC	MC110	Claim Processed Date	Claim Processed Date	2572	Claim Processed Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC111	Diagnostic Pointer	Diagnostic Pointer	3878	Diagnostic Pointer is required when Type of Claim (MC094) = 001.
MC	MC112	Referring PV ID	The identifier of the PV that submitted the referral for service to the specialist.	3789	The Referring PV ID is required when the Referral Indicator (MC118) equals 1.
MC	MC113	Payment Arrangement Type	Payment Arrangement Type	2019	Payment Arrangement Type must be within the valid domain of values.
MC	MC113	Payment Arrangement Type	Payment Arrangement Type	2202	Payment Arrangement Type is required.
MC	MC114	Excluded Expenses	Amount not covered due to plan limitations.	2203	Excluded Expenses is required.
MC	MC114	Excluded Expenses	Amount not covered due to plan limitations.	2624	Excluded Expenses must be in integer (no decimal points) format and cannot be negative.
MC	MC115	Medicare Indicator	Indicates if Medicare paid for part or all of services.	2204	Medicare Indicator is required.
MC	MC115	Medicare Indicator	Indicates if Medicare paid for part or all of services.	2703	Medicare Indicator must be within the valid domain of values.
MC	MC116	Withhold Amount	The amount to be paid to PV for this service is the PV qualifies/meets performance guarantees.	2625	Withhold Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2206	Authorization Needed is required.
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2626	Authorization Needed must be in integer (no decimal points) format .

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2704	Authorization Needed must be within the valid domain of values.
MC	MC118	Referral Indicator	Indicates if service was preceded by a referral.	2705	Referral Indicator must be within the valid domain of values.
MC	MC118	Referral Indicator	Indicates if service was preceded by a referral.	2207	Referral Indicator is required.
MC	MC119	PCP Indicator	Indicates if service performed by members PCP.	2208	PCP Indicator is required.
MC	MC119	PCP Indicator	Indicates if service performed by members PCP.	2706	PCP Indicator must be within the valid domain of values.
MC	MC122	Global Payment Flag	Global Payment Flag	2707	Global Payment Flag must be within the valid domain of values.
MC	MC122	Global Payment Flag	Global Payment Flag	2211	Global Payment Flag is required.
MC	MC123	Denied Flag	Denied Flag indicating claim was denied.	2212	Denied Flag is required.
MC	MC123	Denied Flag	Denied Flag indicating claim was denied.	2708	Denied Flag must be within the valid domain of values.
MC	MC124	Denial Reason	Denial Reason	3747	Denial Reason must be within the valid domain of values.
MC	MC124	Denial Reason	Denial Reason	3812	The Denial Reason is required when the Denied Flag (MC123) = 1.
MC	MC125	Attending PV	Attending PV for hospital claims	3668	Attending PV is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002
MC	MC126	Accident Indicator	Indicates if service is related to an accident rather than an illness.	2709	Accident Indicator must be within the valid domain of values.
MC	MC126	Accident Indicator	Indicates if service is related to an accident rather than an illness.	2215	Accident Indicator is required.
MC	MC127	Family Planning Indicator	A flag that indicates if family planning services were provided.	2023	Family Planning Indicator must be within the valid domain of values.
MC	MC127	Family Planning Indicator	A flag that indicates if family planning services were provided.	3869	The Family Planning Indicator is required when Type of Claim = 001.
MC	MC128	Employment Related Indicator	Flag indicating is claim was related to employment accident.	2710	Employment Related Indicator must be within the valid domain of values.
MC	MC128	Employment Related Indicator	Flag indicating is claim was related to employment accident.	2217	Employment Related Indicator is required.
MC	MC129	EPSDT Indicator	A flag that indicates if service was related to EPSDT and the type of EPSDT service such as screening, treatment or referral.	2024	EPSDT Indicator must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC129	EPSDT Indicator	A flag that indicates if service was related to EPSDT and the type of EPSDT service such as screening, treatment or referral.	3870	The EPSDT Indicator is required when Type of Claim = 001.
MC	MC130	Procedure Code Type	Pick CPT, HCPCS, Rev Code, etc.	2711	Procedure Code Type must be within the valid domain of values.
MC	MC130	Procedure Code Type	Pick CPT, HCPCS, Rev Code, etc.	2219	Procedure Code Type is required.
MC	MC131	InNetwork Indicator	Indicates if the claims was paid at in or out of network rates or if there is no network.	2220	InNetwork Indicator is required.
MC	MC131	InNetwork Indicator	Indicates if the claims was paid at in or out of network rates or if there is no network.	2712	InNetwork Indicator must be within the valid domain of values.
MC	MC132	Service Class	Field used to define service class for Medicaid PCC members receiving behavioral health.	2026	Service Class must be within the valid domain of values.
MC	MC134	Plan Rendering PV Identifier	Unique code which identifies for the carrier who or which individual PV cared for the patient for the claim line in question. This code must be able to link to the PV file. Any value in this field must also show up as a value in field PV002.	2223	Plan Rendering PV Identifier is required.
MC	MC135	PV Location	Unique code which identifies the location/site of the service provided identified in MC134. The code should link to a PV record in PV002 (PV ID) and indicate that the service was performed at a specific location; eg: Dr.	2224	PV Location is required.
MC	MC136	Discharge Diagnosis	The ICD9 Diagnosis code given to a member upon discharge, which may or may not be the same as the primary diagnosis and admitting diagnosis.	3736	DischargeDiagnosis must be within the valid domain of values.
MC	MC136	Discharge Diagnosis	The ICD9 Diagnosis code given to a member upon discharge, which may or may not be the same as the primary diagnosis and admitting diagnosis.	3790	The Discharge Diagnosis is required when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.
MC	MC137	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted.	2226	Carrier Specific Unique Member ID is required.
MC	MC138	Claim Line Type	Code indicating type of record.	2227	Claim Line Type is required.
MC	MC138	Claim Line Type	Code indicating type of record.	2713	Claim Line Type must be within the valid domain of values.
MC	MC139	Former Claim Number	If this is not an original claim, the previous claim number that this claim is replacing/voiding.	3855	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC140	Member address 2	Address of member, which may include apartment number or suite, or other secondary information besides the street.	3814	The Member Address 2 is required when the Member Street Address (MC082) is not present.
MC	MC141	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted.	2230	Carrier Specific Unique Subscriber ID is required.
MC	MC899	Record Type	MC	3669	Record Type must match the Record Type on the Header and the Record Type on the Trailer
MC	MC899	Record Type	MC	2231	Record Type is required.
ME	ME001	Payer	Payer submitting payments, Council Submitter Code	211	The Payer Field within each record of the file must match the Payer Field on the Header Record.
ME	ME001	Payer	Payer submitting payments, Council Submitter Code	2383	Payer is required.
ME	ME002	National Plan ID	CMS National Plan ID	3670	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.
ME	ME003	Insurance Type Code/PR	See tlkpInsuranceType	1947	Insurance Type Code/PR must be within the valid domain of values.
ME	ME003	Insurance Type Code/PR	See tlkpInsuranceType	2385	Insurance Type Code/PR is required.
ME	ME004	Year	Year for which eligibility is reported in this submission	2660	Year must be in integer (no decimal points) format .
ME	ME004	Year	Year for which eligibility is reported in this submission	2386	Year is required.
ME	ME004	Year	Year for which eligibility is reported in this submission	3671	Year must be 4 digits and be within the begin and end date on the header file.
ME	ME005	Month	Month for which eligibility is reported in this submission	2387	Month is required.
ME	ME005	Month	Month for which eligibility is reported in this submission	2661	Month must be in integer (no decimal points) format, cannot be negative and cannot be zero.
ME	ME006	Insured Group or Policy Number	Group or policy number (not the number that uniquely identifies the subscriber)	2388	Insured Group or Policy Number is required.
ME	ME007	Coverage Level Code	See tlkpCoverage	2389	Coverage Level Code is required.
ME	ME007	Coverage Level Code	See tlkpCoverage	1948	Coverage Level Code must be within the valid domain of values.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	3733	SubscriberUniqueIdentificationNumber must be 9 digits and numeric.



File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	2390	Subscriber Unique Identification Number is required.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	3903	Subscriber Unique Identification Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME009	Plan Specific Contract Number	Plan assigned contract number (set as null if contract number = subscriber's social security number)	2391	Plan Specific Contract Number is required.
ME	ME010	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2392	Member Suffix or Sequence Number is required.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	2393	Member Identification Code is required.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	3734	MemberIdentificationCode must be 9 digits and numeric.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	3904	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	1949	Individual Relationship Code must be within the valid domain of values.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	2394	Individual Relationship Code is required.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	2662	Individual Relationship Code must be in integer (no decimal points) format .
ME	ME013	Member Gender	M Male	2395	Member Gender is required.
ME	ME013	Member Gender	M Male	1950	Member Gender must be within the valid domain of values.
ME	ME014	Member Date of Birth	CCYYMMDD	3844	The Member Date of Birth cannot be a future date.
ME	ME014	Member Date of Birth	CCYYMMDD	2396	Member Date of Birth is required.
ME	ME014	Member Date of Birth	CCYYMMDD	2583	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME015	Member City Name	City name of member	2397	Member City Name is required.
ME	ME016	Member State or Province	As defined by the US Postal Service	2398	Member State or Province is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME016	Member State or Province	As defined by the US Postal Service	3845	The Member State or Province must be within the valid domain of values.
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	3846	The Member ZIP Code must be within the valid domain of values.
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	3847	The Subscriber State or Province must be within the valid domain of values.
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	2399	Member ZIP Code is required.
ME	ME018	Medical Coverage	Y = Yes, N = No	2400	Medical Coverage is required.
ME	ME018	Medical Coverage	Y = Yes, N = No	1951	Medical Coverage must be within the valid domain of values.
ME	ME019	Prescription Drug Coverage	Y = Yes, N = No	1952	Prescription Drug Coverage must be within the valid domain of values.
ME	ME019	Prescription Drug Coverage	Y = Yes, N = No	2401	Prescription Drug Coverage is required.
ME	ME020	Dental Coverage	Dental Coverage: Y/N	2685	Dental Coverage must be within the valid domain of values.
ME	ME020	Dental Coverage	Dental Coverage: Y/N	2402	Dental Coverage is required.
ME	ME021	Race 1	See tlkpRace	2403	Race 1 is required.
ME	ME021	Race 1	See tlkpRace	1953	Race 1 must be within the valid domain of values.
ME	ME022	Race 2	See tlkpRace	1954	Race 2 must be within the valid domain of values.
ME	ME022	Race 2	See tlkpRace	2404	Race 2 is required.
ME	ME023	Other Race	Patient Race, if Race 1 or Race 2 is entered as R9 Other Race (set as null if none)	3815	The Other Race is required when the Race 2 (ME022) or Race 1 (ME021) = R9.
ME	ME024	Hispanic Indicator	Hispanic Indicator	1955	Hispanic Indicator must be within the valid domain of values.
ME	ME024	Hispanic Indicator	Hispanic Indicator	2406	Hispanic Indicator is required.
ME	ME025	Ethnicity 1	See tlkpEthnicity	2407	Ethnicity 1 is required.
ME	ME025	Ethnicity 1	See tlkpEthnicity	1956	Ethnicity 1 must be within the valid domain of values.
ME	ME026	Ethnicity 2	See tlkpEthnicity	1957	Ethnicity 2 must be within the valid domain of values.
ME	ME026	Ethnicity 2	See tlkpEthnicity	2408	Ethnicity 2 is required.
ME	ME027	Other Ethnicity	Patient Ethnicity if Ethnicity 1 or Ethnicity 2 is entered as OTHER Ethnicity. (set as null if none)	3816	The Other Ethnicity is required when the Ethnicity 1 (ME025) or Ethnicity 1 (ME026) = Other.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME028	Primary Insurance Indicator	Primary Insurance Indicator	2686	Primary Insurance Indicator must be within the valid domain of values.
ME	ME028	Primary Insurance Indicator	Primary Insurance Indicator	2410	Primary Insurance Indicator is required.
ME	ME029	Coverage Type	Fully insured, self-insured, etc..	2411	Coverage Type is required.
ME	ME029	Coverage Type	Fully insured, self-insured, etc..	2027	Coverage Type must be within the valid domain of values.
ME	ME030	Market Category Code	Type of market and group size.	2028	Market Category Code must be within the valid domain of values.
ME	ME030	Market Category Code	Type of market and group size.	2412	Market Category Code is required.
ME	ME031	Special Coverage	Special Coverage	2687	Special Coverage must be within the valid domain of values.
ME	ME033	Member Language Preference	Member Language Preference	1991	Member Language Preference must be within the valid domain of values.
ME	ME033	Member Language Preference	Member Language Preference	2415	Member Language Preference is required.
ME	ME034	Member Language Preference – Other	Member Language Preference – Other	3817	The Other Language Preference is required when the Member Language Preference (ME033) = Other.
ME	ME035	Health Care Home Assigned Flag	Indicates if member has been assigned a medical/healthcare home.	2688	Health Care Home Assigned Flag must be within the valid domain of values.
ME	ME035	Health Care Home Assigned Flag	Indicates if member has been assigned a medical/healthcare home.	2417	Health Care Home Assigned Flag is required.
ME	ME036	Health Care Home Number	Filled when healthcare home is assigned.	3791	The Health Care Home Number is required when Home Health Care Assigned Flag (ME035) equals 1.
ME	ME037	Health Care Home Tax ID Number	Filled when healthcare home is assigned.	3792	The Health Care Home Tax ID Number is required when Home Health Care Assigned Flag (ME035) equals 1.
ME	ME037	Health Care Home Tax ID Number	Filled when healthcare home is assigned.	3905	Health Care Home Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME038	Health Care Home National PV ID	Filled when healthcare home is assigned.	3793	The Health Care National PV ID is required (and must be 10 numbers long) when Home Health Care Assigned Flag (ME035) equals 1.
ME	ME039	Health Care Home Name	Filled when healthcare home is assigned.	3794	The Health Care Home Name is required when Home Health Care Assigned Flag (ME035) equals 1.
ME	ME040	PR ID Number	Corresponds to the PR file data element PR003.	2422	PR ID Number is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME041	PR Enrollment Start Date	PR Enrollment Start Date	2423	PR Enrollment Start Date is required.
ME	ME041	PR Enrollment Start Date	PR Enrollment Start Date	2584	PR Enrollment Start Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME042	PR Enrollment End Date	PR Enrollment End Date	2585	PR Enrollment End Date must be in date format (YYYYMMDD).
ME	ME042	PR Enrollment End Date	PR Enrollment End Date	3677	If not NULL, Enrollment End Date must be > Enrollment Start Date
ME	ME043	Member Street Address	Member Street Address	2425	Member Street Address is required.
ME	ME046	Member PCP ID	Member PCP ID	3678	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	3679	Member PCP Effective Date is required when Member PCP ID does not equal 999999999U.
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	2586	Member PCP Effective Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	3916	Member PCP Effective Date must be no greater than 1 year from submission filing period.
ME	ME048	Member PCP Termination Date	Member termination date from that PCP.	2587	Member PCP Termination Date must be in date format (YYYYMMDD).
ME	ME048	Member PCP Termination Date	Member termination date from that PCP.	3680	If not Null, Member PCP Termination Date cannot be prior to the Member PCP Effective date.
ME	ME049	Member Deductible	Amount of member's annual deductible (could also be interpreted from PR file).	2663	Member Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME050	Member Deductible Used	The amount to date the member has paid into deductible. This helps determine utilization patterns before and after the member meets their annual deductible..	2664	Member Deductible Used must be in integer (no decimal points) format and cannot be negative.
ME	ME050	Member Deductible Used	The amount to date the member has paid into deductible. This helps determine utilization patterns before and after the member meets their annual deductible..	3818	The Member Deductible Used is required when the Member Deductible (ME049) is greater than zero.
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2689	Behavioral Health Benefit Flag must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2433	Behavioral Health Benefit Flag is required.
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2665	Behavioral Health Benefit Flag must be in integer (no decimal points) format .
ME	ME052	Laboratory Benefit Flag	dictates if lab is covered benefit.	2434	Laboratory Benefit Flag is required.
ME	ME052	Laboratory Benefit Flag	dictates if lab is covered benefit.	2690	Laboratory Benefit Flag must be within the valid domain of values.
ME	ME053	Disease Management Enrollee Flag	Determines if the member's chronic illness is being managed by a vendor.	2697	Disease Management Enrollee Flag must be within the valid domain of values.
ME	ME053	Disease Management Enrollee Flag	Determines if the member's chronic illness is being managed by a vendor.	2435	Disease Management Enrollee Flag is required.
ME	ME053	Disease Management Enrollee Flag	Determines if the member's chronic illness is being managed by a vendor.	2666	Disease Management Enrollee Flag must be in integer (no decimal points) format .
ME	ME054	Eligibility Determination Date	Date ME determined.	2588	Eligibility Determination Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME054	Eligibility Determination Date	Date ME determined.	3682	Eligibility Determination Date cannot be greater than the month of the submission file
ME	ME054	Eligibility Determination Date	Date ME determined.	3766	Eligibility Determination Date is cannot be before the PR Enrollment Date (ME041).
ME	ME056	Last Activity Date	Last activity/change on member enrollment file for this member.	3683	Last Activity Date cannot be greater than the month of the submission file
ME	ME056	Last Activity Date	Last activity/change on member enrollment file for this member.	2589	Last Activity Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME057	Date of Death	Date member expired.	3684	If not Null, Date of death cannot be greater than the month of the submission file
ME	ME057	Date of Death	Date member expired.	2590	Date of Death must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME058	Subscriber Street Address	Address of the subscriber.	2440	Subscriber Street Address is required.
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2441	Disability Indicator Flag is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2667	Disability Indicator Flag must be in integer (no decimal points) format .
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2692	Disability Indicator Flag must be within the valid domain of values.
ME	ME060	Employment Status	active, retired, leave	2693	Employment Status must be within the valid domain of values.
ME	ME061	Student Status	Determines if member is a student.	2694	Student Status must be within the valid domain of values.
ME	ME061	Student Status	Determines if member is a student.	2443	Student Status is required.
ME	ME062	Marital Status	Shows marital status of member.	2039	Marital Status must be within the valid domain of values.
ME	ME062	Marital Status	Shows marital status of member.	2444	Marital Status is required.
ME	ME063	Benefit Status	determines status of benefits for employee.	2445	Benefit Status is required.
ME	ME063	Benefit Status	determines status of benefits for employee.	2695	Benefit Status must be within the valid domain of values.
ME	ME064	Employee Type	(eg: hourly, salaried, temp)	2040	Employee Type must be within the valid domain of values.
ME	ME064	Employee Type	(eg: hourly, salaried, temp)	2446	Employee Type is required.
ME	ME065	Date of Retirement	Date GIC employee retired	2591	Date of Retirement must be in date format (YYYYMMDD).
ME	ME065	Date of Retirement	Date GIC employee retired	3795	The Date of Retirement is required when Employment Status (ME060) equals Retiree.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2696	COBRA Status must be within the valid domain of values.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2448	COBRA Status is required.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2668	COBRA Status must be in integer (no decimal points) format .
ME	ME067	Spouse Plan Type	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2041	Spouse Plan Type must be within the valid domain of values.
ME	ME068	Spouse Plan	when spouse of employee selects Medicare coverage, which is separate from GIC..	2726	Spouse Plan must be within the valid domain of values.
ME	ME069	Spouse Medical Coverage	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2727	Spouse Medical Coverage must be within the valid domain of values.
ME	ME070	Spouse Medicare Indicator	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2728	Spouse Medicare Indicator must be within the valid domain of values.
ME	ME073	Fully Insured Member	1 = Yes, Member is fully insured	2043	Fully Insured Member must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME073	Fully Insured Member	1 = Yes, Member is fully insured	2455	Fully Insured Member is required.
ME	ME074	Interpreter	Does member require interpreter	3722	Interpreter must be within the valid domain of values.
ME	ME075	NewMMISID	This is the unique ID that NewMMIS uses to uniquely identify a member. (This field is for MassHealth, Medicaid MCOs, or Carriers that offer Commonwealth Care.)	3685	NewMMIS ID must be in valid format and length and is required when Year (ME004) and Month (ME005) is greater than 200904.
ME	ME076	Member rating category		2044	Member rating category must be within the valid domain of values.
ME	ME081	Medicare Code	A code indicating if Medicare coverage applies and, if so, the type of Medicare coverage.	2698	Medicare Code must be within the valid domain of values.
ME	ME081	Medicare Code	A code indicating if Medicare coverage applies and, if so, the type of Medicare coverage.	2463	Medicare Code is required.
ME	ME083	Employer EIN	Employer EIN	3906	Employer EIN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME101	Subscriber Last Name	Subscriber Last Name	2466	Subscriber Last Name is required.
ME	ME102	Subscriber First Name	Subscriber First Name	2467	Subscriber First Name is required.
ME	ME103	Subscriber Middle Initial	Subscriber Middle Initial	2468	Subscriber Middle Initial is required.
ME	ME104	Member Last Name	Member Last Name	2469	Member Last Name is required.
ME	ME105	Member First Name	Member First Name	2470	Member First Name is required.
ME	ME106	Member Middle Initial	Member Middle Initial	2471	Member Middle Initial is required.
ME	ME107	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted upon intake.	2472	Carrier Specific Unique Member ID is required.
ME	ME108	Subscriber City Name	Subscriber City Name	2473	Subscriber City Name is required.
ME	ME109	Subscriber State or Province	The state of the subscriber's residence. As defined by the US Postal Service	2474	Subscriber State or Province is required.
ME	ME110	Subscriber ZIP Code	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	2475	Subscriber ZIP Code is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME110	Subscriber ZIP Code	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	3687	Subscriber ZIP Code must match Subscriber City Name
ME	ME111	Medical Deductible	The annual amount of the member's deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3796	The Medical Deductible is required when Medical Coverage (ME018) equals 1.
ME	ME111	Medical Deductible	The annual amount of the member's deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2669	Medical Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME112	Pharmacy Deductible	The annual amount of the member's deductible that is applied to pharmacy before certain prescriptions are covered. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2670	Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME112	Pharmacy Deductible	The annual amount of the member's deductible that is applied to pharmacy before certain prescriptions are covered. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3797	The Pharmacy Deductible is required when Pharmacy Coverage (ME019) equals 1.
ME	ME113	Medical and Pharmacy Deductible	This field should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3798	The Medical and Pharmacy Deductible is required when Medical and Pharmacy Coverage (ME018 and ME019) equal 1.



File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME113	Medical and Pharmacy Deductible	This field should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2671	Medical and Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME114	Behavioral Health Deductible	The annual amount of the member's deductible that is applied to behavioral health services before certain behavioral health services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2672	Behavioral Health Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME114	Behavioral Health Deductible	The annual amount of the member's deductible that is applied to behavioral health services before certain behavioral health services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3819	The Behavioral Health Deductible is required when the Behavioral Health Benefit Flag (ME051) equals 1.
ME	ME115	Dental Deductible	The annual amount of the member's deductible that is applied to dental services before certain dental services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3877	Dental Deductible is required when Dental Coverage (ME020) = 1.
ME	ME115	Dental Deductible	The annual amount of the member's deductible that is applied to dental services before certain dental services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2673	Dental Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME116	Vision Deductible	The annual amount of the member's deductible that is applied to vision services before certain vision services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2674	Vision Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME116	Vision Deductible	The annual amount of the member's deductible that is applied to vision services before certain vision services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3866	The Vision Deductible is required when Vision Benefit (ME118) = 1.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME117	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted upon intake.	2482	Carrier Specific Unique Subscriber ID is required.
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2483	Vision Benefit is required.
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2675	Vision Benefit must be in integer (no decimal points) format .
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2699	Vision Benefit must be within the valid domain of values.
ME	ME899	Record Type	ME	2484	Record Type is required.
ME	ME899	Record Type	ME	3723	RecordType must match the RecordType in the header and the trailer.
PC	PC001	Payer	Payer submitting payments , Council Submitter Code	1944	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PC	PC001	Payer	Payer submitting payments , Council Submitter Code	2232	Payer is required.
PC	PC002	Plan ID	CMS National Plan ID	3688	Plan ID field must match the Plan ID on the Header Record
PC	PC003	Insurance Type Code/PR	See tlkpPharmacyInsuranceType	1979	Insurance Type Code/PR must be within the valid domain of values.
PC	PC003	Insurance Type Code/PR	See tlkpPharmacyInsuranceType	2234	Insurance Type Code/PR is required.
PC	PC004	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system	2235	Payer Claim Control Number is required.
PC	PC005	Line Counter	Line number for this service	2236	Line Counter is required.
PC	PC005	Line Counter	Line number for this service	2627	Line Counter must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC005A	Version Number	Claim Service Version Number.	2628	Version Number must be in integer (no decimal points) format and cannot be negative.
PC	PC005A	Version Number	Claim Service Version Number.	2237	Version Number is required.
PC	PC006	Insured Group or Policy Number	Group or policy number – not the number that uniquely identifies the subscriber	2238	Insured Group or Policy Number is required.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	2239	Subscriber SSN is required.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	3731	Subscriber SSN must be 9 digits, numeric and in valid format.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	3907	Subscriber SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC008	Plan Specific Contract Number	Encrypted plan assigned contract number Set as null if contract number = subscriber's social security number	2240	Plan Specific Contract Number is required.
PC	PC009	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2241	Member Suffix or Sequence Number is required.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	2242	Member SSN is required.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	3730	Member SSN must be 9 digits, numeric and in valid format.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	3908	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	1980	Individual Relationship Code must be within the valid domain of values.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	2243	Individual Relationship Code is required.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	2629	Individual Relationship Code must be in integer (no decimal points) format .
PC	PC012	Member Gender	1 Male, 2 Female, 3 Unknown	2244	Member Gender is required.
PC	PC012	Member Gender	1 Male, 2 Female, 3 Unknown	1981	Member Gender must be within the valid domain of values.
PC	PC013	Member Date of Birth	CCYYMMDD	3833	The Member Date of Birth cannot be greater than the date of service.
PC	PC013	Member Date of Birth	CCYYMMDD	2245	Member Date of Birth is required.
PC	PC013	Member Date of Birth	CCYYMMDD	2573	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.
PC	PC014	Member City Name of Residence	City name of member	2246	Member City Name of Residence is required.
PC	PC015	Member State	As defined by the US Postal Service	2247	Member State is required.
PC	PC015	Member State	As defined by the US Postal Service	3834	The Member State must be within the valid domain of values.
PC	PC016	Member ZIP Code	ZIP Code of member – may include non-US codes. Do not include dash.	2248	Member ZIP Code is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC017	Date Service Approved (AP Date)	CCYYMMDD (Generally the same as the paid date or the Pharmacy Benefits Manager's billing date)	2249	Date Service Approved (AP Date) is required.
PC	PC017	Date Service Approved (AP Date)	CCYYMMDD (Generally the same as the paid date or the Pharmacy Benefits Manager's billing date)	2574	Date Service Approved (AP Date) must be in date format (YYYYMMDD).
PC	PC018	Pharmacy Number	pharmacy number (NCPDP or NABP)	2250	Pharmacy Number is required.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	2251	Pharmacy Tax ID Number is required.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	3767	The Pharmacy Tax ID must be 9 digits.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	3909	Pharmacy Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC020	Pharmacy Name	Name of pharmacy	2252	Pharmacy Name is required.
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	2253	National Pharmacy ID Number is required.
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	3768	The National Pharmacy ID Number must be 10 digits.
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	2050	NULL
PC	PC022	Pharmacy Location City	City name of pharmacy – preferably pharmacy location	2254	Pharmacy Location City is required.
PC	PC023	Pharmacy Location State	As defined by the US Postal Service	2255	Pharmacy Location State is required.
PC	PC023	Pharmacy Location State	As defined by the US Postal Service	3835	The Pharmacy Location State must be within the valid domain of values.
PC	PC024	Pharmacy ZIP Code	ZIP Code of pharmacy – may include non-US codes. Do not include dash	3836	The Pharmacy Zip Code must be within the valid domain of values.
PC	PC024	Pharmacy ZIP Code	ZIP Code of pharmacy – may include non-US codes. Do not include dash	2256	Pharmacy ZIP Code is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC024A	Pharmacy Country Code	Country Code of pharmacy	2257	Pharmacy Country Code is required.
PC	PC024A	Pharmacy Country Code	Country Code of pharmacy	3837	The Pharmacy Country Code must be within the valid domain of values.
PC	PC025	Claim Status	See tlkpClaimStatus	1984	Claim Status must be within the valid domain of values.
PC	PC025	Claim Status	See tlkpClaimStatus	2630	Claim Status must be in integer (no decimal points) format .
PC	PC025	Claim Status	See tlkpClaimStatus	2258	Claim Status is required.
PC	PC026	Drug Code	NDC Code	2259	Drug Code is required.
PC	PC026	Drug Code	NDC Code	1985	Drug Code must be within the valid domain of values.
PC	PC027	Drug Name	Text name of drug	2260	Drug Name is required.
PC	PC028	New Prescription or Refill	00 = new prescription, else number of refill	2261	New Prescription or Refill is required.
PC	PC028	New Prescription or Refill	00 = new prescription, else number of refill	2631	New Prescription or Refill must be in integer (no decimal points) format and cannot be negative.
PC	PC029	Generic Drug Indicator	N No, branded drug, Y Yes, generic Drug	2262	Generic Drug Indicator is required.
PC	PC029	Generic Drug Indicator	N No, branded drug, Y Yes, generic Drug	1987	Generic Drug Indicator must be within the valid domain of values.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	1988	Dispense as Written Code must be within the valid domain of values.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	2263	Dispense as Written Code is required.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	2632	Dispense as Written Code must be in integer (no decimal points) format .
PC	PC031	Compound Drug Indicator	See tlkpCompoundDrug	2264	Compound Drug Indicator is required.
PC	PC031	Compound Drug Indicator	See tlkpCompoundDrug	1989	Compound Drug Indicator must be within the valid domain of values.
PC	PC032	Date Prescription Filled	CCYYMMDD	3799	The Date Prescription filled cannot be greater than the Date Prescription written.
PC	PC032	Date Prescription Filled	CCYYMMDD	2265	Date Prescription Filled is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC032	Date Prescription Filled	CCYYMMDD	2575	Date Prescription Filled must be in date format (YYYYMMDD).
PC	PC033	Quantity Dispensed	Number of metric units of medication dispensed	2633	Quantity Dispensed must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC033	Quantity Dispensed	Number of metric units of medication dispensed	2266	Quantity Dispensed is required.
PC	PC034	Days Supply	Estimated number of days the prescription will last	2267	Days Supply is required.
PC	PC034	Days Supply	Estimated number of days the prescription will last	2634	Days Supply must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC035	Charge Amount	Do not code decimal point	2268	Charge Amount is required.
PC	PC035	Charge Amount	Do not code decimal point	2635	Charge Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC035	Charge Amount	Do not code decimal point	3921	Charge Amount cannot be zero.
PC	PC036	Paid Amount	Includes all health plan payments and excludes all member payments. Do not include decimal points.	2636	Paid Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC036	Paid Amount	Includes all health plan payments and excludes all member payments. Do not include decimal points.	3865	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19, 20, 21.
PC	PC037	Ingredient Cost/List Price	Ingredient Cost/List Price of the drug dispensed.	2270	Ingredient Cost/List Price is required.
PC	PC037	Ingredient Cost/List Price	Ingredient Cost/List Price of the drug dispensed.	2637	Ingredient Cost/List Price must be in integer (no decimal points) format and cannot be zero.
PC	PC038	Postage Amount Claimed	Do not code decimal point	2271	Postage Amount Claimed is required.
PC	PC038	Postage Amount Claimed	Do not code decimal point	2638	Postage Amount Claimed must be in integer (no decimal points) format and cannot be negative.
PC	PC039	Dispensing Fee	Do not code decimal point	2272	Dispensing Fee is required.
PC	PC039	Dispensing Fee	Do not code decimal point	2639	Dispensing Fee must be in integer (no decimal points) format and cannot be negative.
PC	PC040	Copay Amount	The preset, fixed dollar amount for which the individual is responsible. Do not include decimal point.	2273	Copay Amount is required.
PC	PC040	Copay Amount	The preset, fixed dollar amount for which the individual is responsible. Do not include decimal point.	2640	Copay Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC041	Coinsurance Amount	Do not code decimal point	2274	Coinsurance Amount is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC041	Coinsurance Amount	Do not code decimal point	2641	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC042	Deductible Amount	Do not code decimal point	2275	Deductible Amount is required.
PC	PC042	Deductible Amount	Do not code decimal point	2642	Deductible Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC043	Prescribing PVID	The number of the prescribing PV which links to this PV in the PV file, on field PV002. Fields PC044-PC055 are optional if the value in this field links to a value in PV002.	2276	Prescribing PVID is required.
PC	PC044	Prescribing Physician First Name	Physician first name (Optional if PC047 is filled with DEA number).	3879	The Prescribing Physician First Name is required when Prescribing PVID (PC043) is empty.
PC	PC045	Prescribing Physician Middle Name	Physician middle name or initial (Optional if PC047 is filled with DEA number).	3880	The Prescribing Physician Middle Name is required when Prescribing PVID (PC043) is empty.
PC	PC046	Prescribing Physician Last Name	Physician last name (Optional if PC047 is filled with DEA number; required if PC047 is blank or is filled with NPI number).	3881	The Prescribing Physician Last Name is required when Prescribing PVID (PC043) is empty.
PC	PC047	Prescribing Physician DEA Number	DEA number for prescribing physician.	3882	The Prescribing Physician DEA Number is required when Prescribing PVID (PC043) is empty.
PC	PC047	Prescribing Physician DEA Number	DEA number for prescribing physician.	3696	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.
PC	PC048	Prescribing Physician NPI	PI number for prescribing physician.	3883	The Prescribing Physician NPI is required when Prescribing PVID (PC043) is empty.
PC	PC048	Prescribing Physician NPI	PI number for prescribing physician.	3699	Prescribing Physician NPI must be 10 characters and numeric.
PC	PC049	Prescribing Physician Plan Number	Prescribing Physician Plan Number	3884	The Prescribing Physician Plan Number is required when Prescribing PVID (PC043) is empty.
PC	PC050	Prescribing Physician License Number	Prescribing Physician License Number	3885	The Prescribing Physician License Number is required when Prescribing PVID (PC043) is empty.
PC	PC051	Prescribing Physician Street Address	Prescribing Physician Street Address	3886	The Prescribing Physician Street Address is required when Prescribing PVID (PC043) is empty.
PC	PC052	Prescribing Physician Street Address 2	Prescribing Physician Street Address 2	3887	The Prescribing Physician Street Address 2 is required when Prescribing PVID (PC043) is empty.
PC	PC052	Prescribing Physician Street Address 2	Prescribing Physician Street Address 2	3820	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC053	Prescribing Physician City	Prescribing Physician City	3888	The Prescribing Physician City is required when Prescribing PVID (PC043) is empty.
PC	PC054	Prescribing Physician State	Prescribing Physician State	3889	The Prescribing Physician State is required when Prescribing PVID (PC043) is empty.
PC	PC054	Prescribing Physician State	Prescribing Physician State	3838	The Prescribing Physician State must be within the valid domain of values.
PC	PC055	Prescribing Physician Zip	Prescribing Physician Zip	3839	The Prescribing Physician Zip must be within the valid domain of values.
PC	PC055	Prescribing Physician Zip	Prescribing Physician Zip	3890	The Prescribing Physician Zip is required when Prescribing PVID (PC043) is empty.
PC	PC056	PR ID Number	Must correspond to the PR file.	2289	PR ID Number is required.
PC	PC057	Mail Order Pharmacy	Mail Order pharmacy = 1 all other =0.	2290	Mail Order Pharmacy is required.
PC	PC057	Mail Order Pharmacy	Mail Order pharmacy = 1 all other =0.	2677	Mail Order Pharmacy must be within the valid domain of values.
PC	PC058	Script Number	Script Number	2291	Script Number is required.
PC	PC059	Recipient PCP ID	Recipient PCP ID	2292	Recipient PCP ID is required.
PC	PC060	Single/Multiple Source Indicator	Values 1 = Single Source or 2 = Multi Source.	2678	Single/Multiple Source Indicator must be within the valid domain of values.
PC	PC060	Single/Multiple Source Indicator	Values 1 = Single Source or 2 = Multi Source.	2293	Single/Multiple Source Indicator is required.
PC	PC061	Member Street Address	Street address of member.	2294	Member Street Address is required.
PC	PC062	Billing PV Tax ID Number	Billing PV Tax ID Number	2295	Billing PV Tax ID Number is required.
PC	PC062	Billing PV Tax ID Number	Billing PV Tax ID Number	3910	Billing PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC062	Billing PV Tax ID Number	Billing PV Tax ID Number	3770	The Billing PV Tax ID Number must be 9 digits.
PC	PC063	Paid Date	YYYYMMDD	3690	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.
PC	PC063	Paid Date	YYYYMMDD	2296	Paid Date is required.
PC	PC063	Paid Date	YYYYMMDD	2576	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.



File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC064	Date Prescription Written	Date Prescription Written	2297	Date Prescription Written is required.
PC	PC064	Date Prescription Written	Date Prescription Written	2577	Date Prescription Written must be in date format (YYYYMMDD) and cannot be a future date.
PC	PC064	Date Prescription Written	Date Prescription Written	3703	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.
PC	PC065	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	2643	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC065	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	2298	Coordination of Benefits/TPL Liability Amount is required when PC025 is 19, 20 or 21.
PC	PC066	Other Insurance Paid Amount	Other Insurance Paid Amount	2299	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.
PC	PC066	Other Insurance Paid Amount	Other Insurance Paid Amount	2644	Other Insurance Paid Amount must be in integer (no decimal points) format .
PC	PC067	Medicare Paid Amount	Medicare Paid Amount	2645	Medicare Paid Amount must be in integer (no decimal points) format .
PC	PC068	Allowed Amount	Allowed Amount	2301	Allowed Amount is required when PC025 is 04 or 22.
PC	PC068	Allowed Amount	Allowed Amount	2646	Allowed Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC069	Member Self Pay Amount	Amount member paid if they chose to pay out of pocket instead of using pharmacy benefit copay structure.	2647	Member Self Pay Amount must be in integer (no decimal points) format .
PC	PC070	Rebate Indicator	Determines if the drug is eligible for a rebate.	2303	Rebate Indicator is required.
PC	PC070	Rebate Indicator	Determines if the drug is eligible for a rebate.	2080	Rebate Indicator must be within the valid domain of values.
PC	PC071	State Sales Tax	The dollar amount of any applicable sales tax.	2648	State Sales Tax must be in integer (no decimal points) format .
PC	PC072	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3915	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC072	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3862	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.
PC	PC073	Formulary Code	Determines if drug is on the formulary, with a Y or N.	2729	Formulary Code must be within the valid domain of values.
PC	PC073	Formulary Code	Determines if drug is on the formulary, with a Y or N.	2306	Formulary Code is required.
PC	PC074	Route of Administration	Indicates how drug is administered.	2307	Route of Administration is required.
PC	PC074	Route of Administration	Indicates how drug is administered.	2730	Route of Administration must be within the valid domain of values.
PC	PC075	Drug Unit of Measure	Drug Unit of Measure	2679	Drug Unit of Measure must be within the valid domain of values.
PC	PC075	Drug Unit of Measure	Drug Unit of Measure	2308	Drug Unit of Measure is required.
PC	PC101	Subscriber Last Name	Subscriber Last Name	2309	Subscriber Last Name is required.
PC	PC102	Subscriber First Name	Subscriber First Name	2310	Subscriber First Name is required.
PC	PC104	Member Last Name	Member Last Name	2312	Member Last Name is required.
PC	PC105	Member First Name	Member First Name	2313	Member First Name is required.
PC	PC107	Carrier Specific UniqueID	This is the number the carrier uses internally to uniquely identify the member.	2315	Carrier Specific UniqueID is required.
PC	PC108	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.	2316	Carrier Specific Unique Subscriber ID is required.
PC	PC109	Member Street Address 2	Address of member, which may include apartment number or suite, or other secondary information besides the street.	3821	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.
PC	PC110	Claim Line Type	Code Indicating Type of Record. See lookup table for values (Original, Void, Replacement, Back Out, Amendment)	2680	Claim Line Type must be within the valid domain of values.
PC	PC110	Claim Line Type	Code Indicating Type of Record. See lookup table for values (Original, Void, Replacement, Back Out, Amendment)	2318	Claim Line Type is required.
PC	PC899	Record Type	PC	2320	Record Type is required.
PC	PC899	Record Type	PC	3724	RecordType must match the RecordType in the header and the trailer.

File Type	Element	Element Name	Element Description	Edit ID	Message
PR	PR001	PR ID number	PR Identification Number	1946	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PR	PR001	PR ID number	PR Identification Number	2550	PR ID number is required.
PR	PR002	PR Name	Carrier defined PR Name	2551	PR Name is required.
PR	PR003	Carrier License Type	Carrier License Type	2552	Carrier License Type is required.
PR	PR003	Carrier License Type	Carrier License Type	2053	Carrier License Type must be within the valid domain of values.
PR	PR004	PR Line of Business Model	The Line of Business / Insurance Model the PR relates to.	2062	PR Line of Business Model must be within the valid domain of values.
PR	PR004	PR Line of Business Model	The Line of Business / Insurance Model the PR relates to.	2553	PR Line of Business Model is required.
PR	PR005	Insurance Plan Market	Insurance Plan Market Code	2554	Insurance Plan Market is required.
PR	PR005	Insurance Plan Market	Insurance Plan Market Code	2064	Insurance Plan Market must be within the valid domain of values.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2065	PR Benefit Type must be within the valid domain of values.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2555	PR Benefit Type is required.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2676	PR Benefit Type must be in integer (no decimal points) format .
PR	PR007	Other PR Benefit Description	Benefit Description	3831	Other PR Benefit Description is required when PR006 = 0.
PR	PR008	Risk Type	Indicates if the PR was an at-risk PR or self-insured.	3832	Risk Type must be within the valid domain of values.
PR	PR008	Risk Type	Indicates if the PR was an at-risk PR or self-insured.	2557	Risk Type is required.
PR	PR009	PR Start Date	PR Start Date	2558	PR Start Date is required.
PR	PR009	PR Start Date	PR Start Date	2597	PR Start Date must be in date format (YYYYMMDD) and cannot be a future date.
PR	PR010	PR End Date	Last date on which members could be enrolled in this PR	2598	PR End Date must be in date format (YYYYMMDD).
PR	PR011	PR Active Flag	Indicator to further refine activity status	2560	PR Active Flag is required.
PR	PR011	PR Active Flag	Indicator to further refine activity status	2681	PR Active Flag must be within the valid domain of values.
PR	PR011	PR Active Flag	Indicator to further refine activity status	3704	PR End Date must be > PR Start Date if Active Flag = 2

File Type	Element	Element Name	Element Description	Edit ID	Message
PR	PR012	Annual Per Person Deductible Code	Per Person Deductible bandwidth reporting	2682	Annual Per Person Deductible Code must be within the valid domain of values.
PR	PR012	Annual Per Person Deductible Code	Per Person Deductible bandwidth reporting	2561	Annual Per Person Deductible Code is required.
PR	PR013	Annual Per Family Deductible Code	Per Family Deductible bandwidth reporting	2562	Annual Per Family Deductible Code is required.
PR	PR013	Annual Per Family Deductible Code	Per Family Deductible bandwidth reporting	2683	Annual Per Family Deductible Code must be within the valid domain of values.
PR	PR014	Coordinated Care model	Indicates if a patient's care is clinically coordinated or managed.	2684	Coordinated Care model must be within the valid domain of values.
PR	PR014	Coordinated Care model	Indicates if a patient's care is clinically coordinated or managed.	2563	Coordinated Care model is required.
PR	PR899	Record Type	PR	2564	Record Type is required.
PR	PR899	Record Type	PR	3726	RecordType must match the RecordType in the header and the trailer.
PV	PV001	Payer	CMS National Plan ID	1945	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PV	PV001	Payer	CMS National Plan ID	2485	Payer is required.
PV	PV002	Plan PV ID	Plan PV ID.	2486	Plan PV ID is required.
PV	PV003	Tax Id	Federal Tax ID – no hyphens.	2487	Tax Id is required.
PV	PV003	Tax Id	Federal Tax ID – no hyphens.	3705	Tax ID must be in proper tax ID format and have no hyphens
PV	PV003	Tax Id	Federal Tax ID – no hyphens.	3911	Tax Id must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PV	PV004	UPIN Id	UPIN Number. If not available, default to null. Do not use zeros.	3822	The UPIN ID is required when the PVIDCode (PV034) equals 1 and (PV036) Medicare ID is not blank.
PV	PV005	DEA Id	Drug Enforcement Agency number. If not available, default to null. Do not use zeros.	3823	The DEA ID is required when the PVIDCode (PV034) equals 1.
PV	PV005	DEA Id	Drug Enforcement Agency number. If not available, default to null. Do not use zeros.	3706	DEA ID may not have letters V-Z in first position, must have letters in the first 2 positions and must have numbers in positions 3 – 9.
PV	PV008	Last Name	Last name of PV or full facility name. Punctuation may be included. If the facility name is present, this field is ignored.	3800	The Last Name is required when the PVID Code (PV034) = 1.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV009	First Name	First name of PV. Punctuation may be included.. If the facility name is present, this field is ignored.	3801	The First Name is required when the PVID Code (PV034) = 1.
PV	PV010	Middle Initial	Middle initial of PV. If the facility name is present, this field is ignored.	3802	The Middle Initial is required when the PVID Code (PV034) = 1.
PV	PV012	Entity Name	Group / Facility name	3803	The Entity Name is required when the PVID Code (PV034) = 2.
PV	PV013	Entity Code	PV facility code	2066	Entity Code must be within the valid domain of values.
PV	PV013	Entity Code	PV facility code	3876	Entity Code is required when PV034 = 2,3,4,5,6,7,0.
PV	PV014	Gender Code	Gender of PV.. if available, this may be used to link PVs together. If not available, default to null.	2067	Gender Code must be within the valid domain of values.
PV	PV014	Gender Code	Gender of PV.. if available, this may be used to link PVs together. If not available, default to null.	3871	The Gender Code is required when PV ID Code (PV034) = 1.
PV	PV015	DOB Date	Date of birth of PV. 20050501(yyyymmdd). YYYYMMDD is the preferred date format. If not available or applicable, default to null value.	3824	The Date of Birth is required when the PVIDCode (PV034) equals 1.
PV	PV015	DOB Date	Date of birth of PV. 20050501(yyyymmdd). YYYYMMDD is the preferred date format. If not available or applicable, default to null value.	2592	DOB Date must be in date format (YYYYMMDD) and cannot be a future date.
PV	PV016	Street Address1 Name	Street address where PV sees plan members. Brick & mortar. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2500	Street Address1 Name is required.
PV	PV017	Street Address2 Name	Street address where services were rendered. Brick & mortar. Optional	3872	The Street Address2 Name is required when Street Address1 Name (PV016) is missing.
PV	PV018	City Name	City where PV sees plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2502	City Name is required.
PV	PV019	State Code	State. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If populated, this should be a valid USPS state code.	3874	The State Code is required when the Country Code (PV020) is USA.
PV	PV019	State Code	State. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If populated, this should be a valid USPS state code.	3840	The State Code must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV020	Country Code	Country Code of the PV	3841	The Country Code must be within the valid domain of values.
PV	PV020	Country Code	Country Code of the PV	2504	Country Code is required.
PV	PV021	Zip Code	Zip where PV sees and treats plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2505	Zip Code is required.
PV	PV022	Taxonomy	Taxonomy code	3804	The Taxonomy is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV022	Taxonomy	Taxonomy code	3727	Taxonomy must be within the valid domain of values.
PV	PV023	Mailing Street Address1 Name	Mailing address	2507	Mailing Street Address1 Name is required.
PV	PV024	Mailing Street Address2 Name	Mailing address	3873	The Mailing Street Address2 Name is required when Mailing Street Address1 Name (PV023) is missing.
PV	PV025	Mailing City Name	Mailing address	2509	Mailing City Name is required.
PV	PV026	Mailing State Code	Mailing address	3875	The Mailing State Code is required when the Mailing Country Code (PV027) is USA.
PV	PV026	Mailing State Code	Mailing address	3769	The Mailing State Code must be within the valid domain of values.
PV	PV027	Mailing Country Code	Mailing address	3842	The Mailing Country Code must be within the valid domain of values.
PV	PV027	Mailing Country Code	Mailing address	2511	Mailing Country Code is required.
PV	PV028	Mailing Zip Code	Mailing address	2512	Mailing Zip Code is required.
PV	PV029	PV Type Code	Reference tables required – Provide a cross-reference table for any values used in this field.. This is a required field that distinguishes clinicians, facilities, and other. Clinicians are physicians and other practitioners who can perform an E&M service (thereby start an episode). Facilities can sometimes start episodes (i.e. patient goes to ER at onset of symptoms). PVs classified as other never start episodes.	2513	PV Type Code is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV030	Primary Specialty Code	Reference tables required: provide a cross-reference table for any values used in this field.. If the Plan cannot determine which specialty is primary, then populate this field with the PVs specialty for purposes of assigning cost and quality measures. For non-physicians, set this to a value that indicates that the PV is a hospital, or facility or has no specialty.	3805	The Primary Specialty Code is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV030	Primary Specialty Code	Reference tables required: provide a cross-reference table for any values used in this field.. If the Plan cannot determine which specialty is primary, then populate this field with the PVs specialty for purposes of assigning cost and quality measures. For non-physicians, set this to a value that indicates that the PV is a hospital, or facility or has no specialty.	2072	Primary Specialty Code must be within the valid domain of values.
PV	PV034	PV ID Code	PV Identification Code	2074	PV ID Code must be within the valid domain of values.
PV	PV034	PV ID Code	PV Identification Code	2518	PV ID Code is required.
PV	PV035	SSN Id	Social Security Number of the PV. No hyphens. If not available, set to null.	3712	SSN ID is required when PV ID Code (PV034) = 1 and when present SSN ID must be in valid SSN format.
PV	PV035	SSN Id	Social Security Number of the PV. No hyphens. If not available, set to null.	3912	SSN Id must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PV	PV036	Medicare Id	Medicare ID of the PV. If not available, set to null.	3806	The Medicare is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5 and the UPINID (PV004) is not null.
PV	PV037	Begin Date	Date PV becomes eligible to perform services for plan members/insured's. YYYYMMDD	3713	Begin Date cannot be future date
PV	PV037	Begin Date	Date PV becomes eligible to perform services for plan members/insured's. YYYYMMDD	2593	Begin Date must be in date format (YYYYMMDD) and cannot be a future date.
PV	PV037	Begin Date	Date PV becomes eligible to perform services for plan members/insured's. YYYYMMDD	3917	Begin Date must be no greater than 1 year of the submission filing period.
PV	PV038	End Date	Date PV is no longer eligible to perform services for plan members/insureds. YYYYMMDD	2594	End Date must be in date format (YYYYMMDD).
PV	PV038	End Date	Date PV is no longer eligible to perform services for plan members/insureds. YYYYMMDD	3714	End Date must be after Begin Date
PV	PV039	National PV ID	For each clinician and organization.	3715	National PV ID must be ten numbers
PV	PV039	National PV ID	For each clinician and organization.	3807	The National PV ID is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV039	National PV ID	For each clinician and organization.	3858	The National PVID must be within the valid domain of values.
PV	PV040	National PV2 ID	Optional NPI id if available.	3859	The National PV2ID must be within the valid domain of values.
PV	PV040	National PV2 ID	Optional NPI id if available.	3716	National PV2 ID must be ten numbers and is required when PV Type Code = 0, 1, 2, 3, 4 or 5.
PV	PV042	Secondary Specialty2 Code	see mapping notes for primary specialty above.	3808	The Secondary Specialty 2 Code is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV042	Secondary Specialty2 Code	see mapping notes for primary specialty above.	3748	SecondarySpecialty2Code must be within the valid domain of values.
PV	PV043	Secondary Specialty3 Code	see mapping notes for primary specialty above.	3749	SecondarySpecialty3Code must be within the valid domain of values.
PV	PV044	Secondary Specialty4 Code	see mapping notes for primary specialty above.	3750	SecondarySpecialty4Code must be within the valid domain of values.
PV	PV045	P4P Flag	Pay-for-performance bonuses or year-end withhold returns based on performance. Supplemental file will be required Yes=1, No=0	2734	P4P Flag must be within the valid domain of values.
PV	PV045	P4P Flag	Pay-for-performance bonuses or year-end withhold returns based on performance. Supplemental file will be required Yes=1, No=0	2529	P4P Flag is required.
PV	PV046	NonClaimsFlag	Other payments not flowing through the claims system (such as risk sharing). Supplemental file will be required Yes=1, No=0	2530	NonClaimsFlag is required.
PV	PV046	NonClaimsFlag	Other payments not flowing through the claims system (such as risk sharing). Supplemental file will be required Yes=1, No=0	2735	NonClaimsFlag must be within the valid domain of values.
PV	PV047	Uses Electronic Medical Records	PV Uses EMR indicator	2736	Uses Electronic Medical Records must be within the valid domain of values.
PV	PV047	Uses Electronic Medical Records	PV Uses EMR indicator	2531	Uses Electronic Medical Records is required.
PV	PV048	EMR Vendor	Name of EMR vendor	3811	The EMR Vendor is required when Uses Electronic Medical Records (PV047) equals 1.
PV	PV049	Accepting New Patients	Accepting New Patients	2737	Accepting New Patients must be within the valid domain of values.
PV	PV049	Accepting New Patients	Accepting New Patients	2533	Accepting New Patients is required.



File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV050	Offers e-Visits	indicates if PV uses e-visit tools for well visits.	2534	Offers e-Visits is required.
PV	PV050	Offers e-Visits	indicates if PV uses e-visit tools for well visits.	2738	Offers e-Visits must be within the valid domain of values.
PV	PV052	Has multiple offices	Indicates if PV has multiple offices	2739	Has multiple offices must be within the valid domain of values.
PV	PV052	Has multiple offices	Indicates if PV has multiple offices	2536	Has multiple offices is required.
PV	PV055	PCP Flag	Indicates if the PV is a PCP.	2539	PCP Flag is required.
PV	PV055	PCP Flag	Indicates if the PV is a PCP.	2740	PCP Flag must be within the valid domain of values.
PV	PV056	PV Affiliation	Indicates the parent entity/group that the PV belongs to	3717	PV Affiliation value must match a value in PV002 for a different record or the same record
PV	PV056	PV Affiliation	Indicates the parent entity/group that the PV belongs to	2540	PV Affiliation is required.
PV	PV057	PV Telephone	PV Telephone	2541	PV Telephone is required.
PV	PV057	PV Telephone	PV Telephone	3718	PV telephone must be 10 characters with no hyphens
PV	PV058	Delegated PV Record Flag	PV Record Source Indicator	2741	Delegated PV Record Flag must be within the valid domain of values.
PV	PV058	Delegated PV Record Flag	PV Record Source Indicator	2542	Delegated PV Record Flag is required.
PV	PV060	Office Type	indicates if the office is a facility, or doctor's office, or clinic, or walk in or lab	2079	Office Type must be within the valid domain of values.
PV	PV060	Office Type	indicates if the office is a facility, or doctor's office, or clinic, or walk in or lab	2544	Office Type is required.
PV	PV061	Prescribing PV	Indicates if the PV has prescribing privileges	2742	Prescribing PV must be within the valid domain of values.
PV	PV061	Prescribing PV	Indicates if the PV has prescribing privileges	2545	Prescribing PV is required.
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	3719	PV Affiliation Start Date cannot be a future date
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	2546	PV Affiliation Start Date is required.
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	2595	PV Affiliation Start Date must be in date format (YYYYMMDD) and cannot be a future date.
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	3918	Provider Affiliation Start Date must be no greater than 1 year of the submission filing period.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV063	PV Affiliation End Date	Indicates end date of PVs relationship with parent entity/group	2596	PV Affiliation End Date must be in date format (YYYYMMDD).
PV	PV063	PV Affiliation End Date	Indicates end date of PVs relationship with parent entity/group	3720	PV Affiliation End Date must be greater than PV Affiliation Start Date
PV	PV064	PPO Indicator	Indicates if the PV is a contracted network PV	2743	PPO Indicator must be within the valid domain of values.
PV	PV064	PPO Indicator	Indicates if the PV is a contracted network PV	2548	PPO Indicator is required.
PV	PV899	Record Type	PV [PV file].	2549	Record Type is required.
PV	PV899	Record Type	PV [PV file].	3721	Record Type must match the Record Type on the Header and the Record Type on the Trailer
TR	TR002	Payer	Payer submitting payments/Council Submitter Code	210	The Payer Field on the Trailer Record must be a valid DHCFP assigned OrgID.
TR	TR005	Period Beginning Date	CCYYMM, Beginning of paid period for claims, Beginning of month covered for eligibility	207	The Period Beginning Date on the Trailer Record must correspond with the Year and Quarter entered on the Transmittal Sheet.
TR	TR006	Period Ending Date	CCYYMM, End of paid period for claims, End of month covered for eligibility	208	The Period Ending Date on the Trailer Record must correspond with the Year and Quarter entered on the Transmittal Sheet.
FLE		File Level Edits		195	The first record in the file must be a Header Record with a Record Type of HD.
FLE				196	The length of the record exceeds the maximum possible length.
FLE				197	Each line in the Record must be of the same file type.
FLE				198	The last line in the file must be a Trailer Record and have a Record type of TR.
FLE				215	Each line in the Record must contain the correct number of delimited fields.
FLE				217	The Record Type within the detail record of the file does not match HD004 (Type of File) on the Header Record.

## EDIT IDs: NUMBER OF ERRORS PER ID

Intake edits were performed on all six file types. A complete list of the edits can be found in this document under the EDITS section located above. This section is an overview of the edits applied to the fields commonly used by Grouper software. Please see below for the number of errors found for each edit within each year. Review of the data prior to grouping for these issues may be warranted.

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
1947	8	2009	Insurance Type Code/Product must be within the valid domain of values.	ME003	Insurance Type Code/Product	96	A1
1947	16010	2010	Insurance Type Code/Product must be within the valid domain of values.	ME003	Insurance Type Code/Product	96	A1
1947	23403	2011	Insurance Type Code/Product must be within the valid domain of values.	ME003	Insurance Type Code/Product	96	A1
1947	149	2012	Insurance Type Code/Product must be within the valid domain of values.	ME003	Insurance Type Code/Product	96	A1
1948	33	2011	Coverage Level Code must be within the valid domain of values.	ME007	Coverage Level Code	99	A1
1948	10	2012	Coverage Level Code must be within the valid domain of values.	ME007	Coverage Level Code	99	A1
1949	32678	2009	Individual Relationship Code must be within the valid domain of values.	ME012	Individual Relationship Code	97	A0
1949	15912	2010	Individual Relationship Code must be within the valid domain of values.	ME012	Individual Relationship Code	97	A0
1949	597832	2011	Individual Relationship Code must be within the valid domain of values.	ME012	Individual Relationship Code	97	A0
1949	7454	2012	Individual Relationship Code must be within the valid domain of values.	ME012	Individual Relationship Code	97	A0
1950	2	2012	Member Gender must be within the valid domain of values.	ME013	Member Gender	100	A0
1953	80075	2009	Race 1 must be within the valid domain of values.	ME021	Race 1	3	B
1953	59782	2010	Race 1 must be within the valid domain of values.	ME021	Race 1	3	B
1953	181530	2011	Race 1 must be within the valid domain of values.	ME021	Race 1	3	B
1954	80075	2009	Race 2 must be within the valid domain of values.	ME022	Race 2	2	C
1954	59782	2010	Race 2 must be within the valid domain of values.	ME022	Race 2	2	C
1954	193034	2011	Race 2 must be within the valid domain of values.	ME022	Race 2	2	C
1956	261894	2009	Ethnicity 1 must be within the valid domain of values.	ME025	Ethnicity 1	3	B
1956	317635	2010	Ethnicity 1 must be within the valid domain of values.	ME025	Ethnicity 1	3	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
1956	500415	2011	Ethnicity 1 must be within the valid domain of values.	ME025	Ethnicity 1	3	B
1956	4351646	2012	Ethnicity 1 must be within the valid domain of values.	ME025	Ethnicity 1	3	B
1957	80075	2009	Ethnicity 2 must be within the valid domain of values.	ME026	Ethnicity 2	2	C
1957	59782	2010	Ethnicity 2 must be within the valid domain of values.	ME026	Ethnicity 2	2	C
1957	181530	2011	Ethnicity 2 must be within the valid domain of values.	ME026	Ethnicity 2	2	C
1958	17701	2008	Insurance Type Code/Product must be within the valid domain of values.	MC003	Insurance Type Code/Product	92	C
1958	20898	2009	Insurance Type Code/Product must be within the valid domain of values.	MC003	Insurance Type Code/Product	92	C
1958	6282469	2010	Insurance Type Code/Product must be within the valid domain of values.	MC003	Insurance Type Code/Product	92	C
1958	7274261	2011	Insurance Type Code/Product must be within the valid domain of values.	MC003	Insurance Type Code/Product	92	C
1958	7733437	2012	Insurance Type Code/Product must be within the valid domain of values.	MC003	Insurance Type Code/Product	92	C
1959	214531	2008	Individual Relationship Code must be within the valid domain of values.	MC011	Individual Relationship Code	98	B
1959	256530	2009	Individual Relationship Code must be within the valid domain of values.	MC011	Individual Relationship Code	98	B
1959	278850	2010	Individual Relationship Code must be within the valid domain of values.	MC011	Individual Relationship Code	98	B
1959	8294	2011	Individual Relationship Code must be within the valid domain of values.	MC011	Individual Relationship Code	98	B
1959	864075	2012	Individual Relationship Code must be within the valid domain of values.	MC011	Individual Relationship Code	98	B
1964	2297	2008	Service Provider Entity Type Qualifier must be within the valid domain of values.	MC027	Service Provider Entity Type Qualifier	98	A0
1964	2484	2009	Service Provider Entity Type Qualifier must be within the valid domain of values.	MC027	Service Provider Entity Type Qualifier	98	A0
1964	2444	2010	Service Provider Entity Type Qualifier must be within the valid domain of values.	MC027	Service Provider Entity Type Qualifier	98	A0
1964	3890	2011	Service Provider Entity Type Qualifier must be within the valid domain of values.	MC027	Service Provider Entity Type Qualifier	98	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
1964	2829	2012	Service Provider Entity Type Qualifier must be within the valid domain of values.	MC027	Service Provider Entity Type Qualifier	98	A0
1969	2087	2008	Claim Status must be within the valid domain of values.	MC038	Claim Status	98	A0
1969	3851	2009	Claim Status must be within the valid domain of values.	MC038	Claim Status	98	A0
1969	389172	2010	Claim Status must be within the valid domain of values.	MC038	Claim Status	98	A0
1971	47166	2008	E-Code must be within the valid domain of values.	MC040	E-Code	3	C
1971	45500	2009	E-Code must be within the valid domain of values.	MC040	E-Code	3	C
1971	49364	2010	E-Code must be within the valid domain of values.	MC040	E-Code	3	C
1971	272394	2011	E-Code must be within the valid domain of values.	MC040	E-Code	3	C
1971	91702	2012	E-Code must be within the valid domain of values.	MC040	E-Code	3	C
1972	1142145	2008	Principal Diagnosis must be within the valid domain of values.	MC041	Principal Diagnosis	99	A0
1972	1376373	2009	Principal Diagnosis must be within the valid domain of values.	MC041	Principal Diagnosis	99	A0
1972	718963	2010	Principal Diagnosis must be within the valid domain of values.	MC041	Principal Diagnosis	99	A0
1972	397283	2011	Principal Diagnosis must be within the valid domain of values.	MC041	Principal Diagnosis	99	A0
1972	500612	2012	Principal Diagnosis must be within the valid domain of values.	MC041	Principal Diagnosis	99	A0
1973	24653912	2008	Revenue Code must be within the valid domain of values.	MC054	Revenue Code	90	A0
1973	25325007	2009	Revenue Code must be within the valid domain of values.	MC054	Revenue Code	90	A0
1973	18443376	2010	Revenue Code must be within the valid domain of values.	MC054	Revenue Code	90	A0
1973	10182439	2011	Revenue Code must be within the valid domain of values.	MC054	Revenue Code	90	A0
1973	144243	2012	Revenue Code must be within the valid domain of values.	MC054	Revenue Code	90	A0
1974	1862193	2008	Procedure Code must be within the valid domain of values.	MC055	Procedure Code	92	A1
1974	2472916	2009	Procedure Code must be within the valid domain of values.	MC055	Procedure Code	92	A1
1974	1576536	2010	Procedure Code must be within the valid domain of values.	MC055	Procedure Code	92	A1
1974	1342216	2011	Procedure Code must be within the valid domain of values.	MC055	Procedure Code	92	A1
1974	1271065	2012	Procedure Code must be within the valid domain of values.	MC055	Procedure Code	92	A1
1975	43328493	2008	Procedure Modifier - 1 must be within the valid domain of values.	MC056	Procedure Modifier - 1	20	B
1975	48255826	2009	Procedure Modifier - 1 must be within the valid domain of values.	MC056	Procedure Modifier - 1	20	B
1975	49054132	2010	Procedure Modifier - 1 must be within the valid domain of values.	MC056	Procedure Modifier - 1	20	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
1975	52724541	2011	Procedure Modifier - 1 must be within the valid domain of values.	MC056	Procedure Modifier - 1	20	B
1975	56116399	2012	Procedure Modifier - 1 must be within the valid domain of values.	MC056	Procedure Modifier - 1	20	B
1976	3894900	2008	Procedure Modifier - 2 must be within the valid domain of values.	MC057	Procedure Modifier - 2	3	B
1976	5048377	2009	Procedure Modifier - 2 must be within the valid domain of values.	MC057	Procedure Modifier - 2	3	B
1976	6982615	2010	Procedure Modifier - 2 must be within the valid domain of values.	MC057	Procedure Modifier - 2	3	B
1976	7359518	2011	Procedure Modifier - 2 must be within the valid domain of values.	MC057	Procedure Modifier - 2	3	B
1976	8792395	2012	Procedure Modifier - 2 must be within the valid domain of values.	MC057	Procedure Modifier - 2	3	B
1977	11842	2008	ICD9-CM Procedure Code must be within the valid domain of values.	MC058	ICD9-CM Procedure Code	66	A2
1977	50539	2009	ICD9-CM Procedure Code must be within the valid domain of values.	MC058	ICD9-CM Procedure Code	66	A2
1977	19447	2010	ICD9-CM Procedure Code must be within the valid domain of values.	MC058	ICD9-CM Procedure Code	66	A2
1977	46628	2011	ICD9-CM Procedure Code must be within the valid domain of values.	MC058	ICD9-CM Procedure Code	66	A2
1977	12041	2012	ICD9-CM Procedure Code must be within the valid domain of values.	MC058	ICD9-CM Procedure Code	66	A2
1979	6454207	2008	Insurance Type Code/Product must be within the valid domain of values.	PC003	Insurance Type Code/Product	95	C
1979	12158965	2009	Insurance Type Code/Product must be within the valid domain of values.	PC003	Insurance Type Code/Product	95	C
1979	384366	2010	Insurance Type Code/Product must be within the valid domain of values.	PC003	Insurance Type Code/Product	95	C
1979	863774	2011	Insurance Type Code/Product must be within the valid domain of values.	PC003	Insurance Type Code/Product	95	C
1979	2594305	2012	Insurance Type Code/Product must be within the valid domain of values.	PC003	Insurance Type Code/Product	95	C
1980	6151295	2008	Individual Relationship Code must be within the valid domain of values.	PC011	Individual Relationship Code	85	B
1980	5886263	2009	Individual Relationship Code must be within the valid domain of values.	PC011	Individual Relationship Code	85	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
1980	5098547	2010	Individual Relationship Code must be within the valid domain of values.	PC011	Individual Relationship Code	85	B
1980	4735289	2011	Individual Relationship Code must be within the valid domain of values.	PC011	Individual Relationship Code	85	B
1980	3780407	2012	Individual Relationship Code must be within the valid domain of values.	PC011	Individual Relationship Code	85	B
1981	1	2009	Member Gender must be within the valid domain of values.	PC012	Member Gender	100	B
1984	1028233	2008	Claim Status must be within the valid domain of values.	PC025	Claim Status	65	A0
1984	603680	2009	Claim Status must be within the valid domain of values.	PC025	Claim Status	65	A0
1984	15700	2010	Claim Status must be within the valid domain of values.	PC025	Claim Status	65	A0
1984	7756	2011	Claim Status must be within the valid domain of values.	PC025	Claim Status	65	A0
1985	239737	2008	Drug Code must be within the valid domain of values.	PC026	Drug Code	90	A0
1985	247118	2009	Drug Code must be within the valid domain of values.	PC026	Drug Code	90	A0
1985	145505	2010	Drug Code must be within the valid domain of values.	PC026	Drug Code	90	A0
1985	1994874	2011	Drug Code must be within the valid domain of values.	PC026	Drug Code	90	A0
1985	5457985	2012	Drug Code must be within the valid domain of values.	PC026	Drug Code	90	A0
1987	9	2009	Generic Drug Indicator must be within the valid domain of values.	PC029	Generic Drug Indicator	100	B
1987	30	2010	Generic Drug Indicator must be within the valid domain of values.	PC029	Generic Drug Indicator	100	B
1987	16	2011	Generic Drug Indicator must be within the valid domain of values.	PC029	Generic Drug Indicator	100	B
1988	189	2008	Dispense as Written Code must be within the valid domain of values.	PC030	Dispense as Written Code	98	C
1989	12	2011	Compound Drug Indicator must be within the valid domain of values.	PC031	Compound Drug Indicator	98	C
1989	1943	2012	Compound Drug Indicator must be within the valid domain of values.	PC031	Compound Drug Indicator	98	C
1991	114220	2009	Member Language Preference must be within the valid domain of values.	ME033	Member Language Preference	3	B
1991	113679	2010	Member Language Preference must be within the valid domain of values.	ME033	Member Language Preference	3	B
1991	56569	2011	Member Language Preference must be within the valid domain of values.	ME033	Member Language Preference	3	B
1991	91599	2012	Member Language Preference must be within the valid domain of values.	ME033	Member Language Preference	3	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
1992	11115	2009	Dental Insurance Type Code/Product must be within the valid domain of values.	DC003	Dental Insurance Type Code/Product	98	C
1992	207	2012	Dental Insurance Type Code/Product must be within the valid domain of values.	DC003	Dental Insurance Type Code/Product	98	C
1993	15661	2008	Individual Relationship Code must be within the valid domain of values.	DC011	Individual Relationship Code	98	B
1993	36966	2009	Individual Relationship Code must be within the valid domain of values.	DC011	Individual Relationship Code	98	B
1993	27926	2010	Individual Relationship Code must be within the valid domain of values.	DC011	Individual Relationship Code	98	B
1993	17901	2011	Individual Relationship Code must be within the valid domain of values.	DC011	Individual Relationship Code	98	B
1993	18694	2012	Individual Relationship Code must be within the valid domain of values.	DC011	Individual Relationship Code	98	B
1996	11115	2009	Service Provider Entity Type Qualifier must be within the valid domain of values.	DC021	Service Provider Entity Type Qualifier	98	A0
1998	58	2008	Claim Status must be within the valid domain of values.	DC031	Claim Status	90	A0
1998	11155	2009	Claim Status must be within the valid domain of values.	DC031	Claim Status	90	A0
1998	14355	2010	Claim Status must be within the valid domain of values.	DC031	Claim Status	90	A0
1998	3522	2011	Claim Status must be within the valid domain of values.	DC031	Claim Status	90	A0
1999	10409	2008	CDT Code must be within the valid domain of values.	DC032	CDT Code	99	A2
1999	19897	2009	CDT Code must be within the valid domain of values.	DC032	CDT Code	99	A2
1999	8686	2010	CDT Code must be within the valid domain of values.	DC032	CDT Code	99	A2
1999	10267	2011	CDT Code must be within the valid domain of values.	DC032	CDT Code	99	A2
1999	14276	2012	CDT Code must be within the valid domain of values.	DC032	CDT Code	99	A2
2000	104111	2008	Procedure Modifier - 1 must be within the valid domain of values.	DC033	Procedure Modifier - 1	0	C
2000	308096	2009	Procedure Modifier - 1 must be within the valid domain of values.	DC033	Procedure Modifier - 1	0	C
2000	831633	2010	Procedure Modifier - 1 must be within the valid domain of values.	DC033	Procedure Modifier - 1	0	C
2000	901219	2011	Procedure Modifier - 1 must be within the valid domain of values.	DC033	Procedure Modifier - 1	0	C
2000	1063727	2012	Procedure Modifier - 1 must be within the valid domain of values.	DC033	Procedure Modifier - 1	0	C



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2001	4251	2008	Procedure Modifier - 2 must be within the valid domain of values.	DC034	Procedure Modifier - 2	0	C
2001	105830	2009	Procedure Modifier - 2 must be within the valid domain of values.	DC034	Procedure Modifier - 2	0	C
2001	350619	2010	Procedure Modifier - 2 must be within the valid domain of values.	DC034	Procedure Modifier - 2	0	C
2001	358615	2011	Procedure Modifier - 2 must be within the valid domain of values.	DC034	Procedure Modifier - 2	0	C
2001	385720	2012	Procedure Modifier - 2 must be within the valid domain of values.	DC034	Procedure Modifier - 2	0	C
2006	25789	2008	Drug Code must be within the valid domain of values.	MC075	Drug Code	1	B
2006	123857	2009	Drug Code must be within the valid domain of values.	MC075	Drug Code	1	B
2006	126300	2010	Drug Code must be within the valid domain of values.	MC075	Drug Code	1	B
2006	225756	2011	Drug Code must be within the valid domain of values.	MC075	Drug Code	1	B
2006	137039	2012	Drug Code must be within the valid domain of values.	MC075	Drug Code	1	B
2008	1472181	2008	Other ICD-9-CM Procedure Code - 1 must be within the valid domain of values.	MC083	Other ICD-9-CM Procedure Code - 1	1	C
2008	1592255	2009	Other ICD-9-CM Procedure Code - 1 must be within the valid domain of values.	MC083	Other ICD-9-CM Procedure Code - 1	1	C
2008	1545680	2010	Other ICD-9-CM Procedure Code - 1 must be within the valid domain of values.	MC083	Other ICD-9-CM Procedure Code - 1	1	C
2008	3848276	2011	Other ICD-9-CM Procedure Code - 1 must be within the valid domain of values.	MC083	Other ICD-9-CM Procedure Code - 1	1	C
2008	6418598	2012	Other ICD-9-CM Procedure Code - 1 must be within the valid domain of values.	MC083	Other ICD-9-CM Procedure Code - 1	1	C
2009	767717	2008	Other ICD-9-CM Procedure Code - 2 must be within the valid domain of values.	MC084	Other ICD-9-CM Procedure Code - 2	1	C
2009	858788	2009	Other ICD-9-CM Procedure Code - 2 must be within the valid domain of values.	MC084	Other ICD-9-CM Procedure Code - 2	1	C
2009	801967	2010	Other ICD-9-CM Procedure Code - 2 must be within the valid domain of values.	MC084	Other ICD-9-CM Procedure Code - 2	1	C
2009	3030802	2011	Other ICD-9-CM Procedure Code - 2 must be within the valid domain of values.	MC084	Other ICD-9-CM Procedure Code - 2	1	C
2009	5409194	2012	Other ICD-9-CM Procedure Code - 2 must be within the valid domain of values.	MC084	Other ICD-9-CM Procedure Code - 2	1	C
2010	432814	2008	Other ICD-9-CM Procedure Code - 3 must be within the valid domain of values.	MC085	Other ICD-9-CM Procedure Code - 3	1	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2010	518955	2009	Other ICD-9-CM Procedure Code - 3 must be within the valid domain of values.	MC085	Other ICD-9-CM Procedure Code - 3	1	C
2010	456504	2010	Other ICD-9-CM Procedure Code - 3 must be within the valid domain of values.	MC085	Other ICD-9-CM Procedure Code - 3	1	C
2010	2640472	2011	Other ICD-9-CM Procedure Code - 3 must be within the valid domain of values.	MC085	Other ICD-9-CM Procedure Code - 3	1	C
2010	1419760	2012	Other ICD-9-CM Procedure Code - 3 must be within the valid domain of values.	MC085	Other ICD-9-CM Procedure Code - 3	1	C
2011	268736	2008	Other ICD-9-CM Procedure Code - 4 must be within the valid domain of values.	MC086	Other ICD-9-CM Procedure Code - 4	1	C
2011	345496	2009	Other ICD-9-CM Procedure Code - 4 must be within the valid domain of values.	MC086	Other ICD-9-CM Procedure Code - 4	1	C
2011	280169	2010	Other ICD-9-CM Procedure Code - 4 must be within the valid domain of values.	MC086	Other ICD-9-CM Procedure Code - 4	1	C
2011	2429225	2011	Other ICD-9-CM Procedure Code - 4 must be within the valid domain of values.	MC086	Other ICD-9-CM Procedure Code - 4	1	C
2011	1146774	2012	Other ICD-9-CM Procedure Code - 4 must be within the valid domain of values.	MC086	Other ICD-9-CM Procedure Code - 4	1	C
2012	151255	2008	Other ICD-9-CM Procedure Code - 5 must be within the valid domain of values.	MC087	Other ICD-9-CM Procedure Code - 5	1	C
2012	217619	2009	Other ICD-9-CM Procedure Code - 5 must be within the valid domain of values.	MC087	Other ICD-9-CM Procedure Code - 5	1	C
2012	137977	2010	Other ICD-9-CM Procedure Code - 5 must be within the valid domain of values.	MC087	Other ICD-9-CM Procedure Code - 5	1	C
2012	2243128	2011	Other ICD-9-CM Procedure Code - 5 must be within the valid domain of values.	MC087	Other ICD-9-CM Procedure Code - 5	1	C
2012	912590	2012	Other ICD-9-CM Procedure Code - 5 must be within the valid domain of values.	MC087	Other ICD-9-CM Procedure Code - 5	1	C
2013	5701	2008	Other ICD-9-CM Procedure Code - 6 must be within the valid domain of values.	MC088	Other ICD-9-CM Procedure Code - 6	1	C
2013	131960	2009	Other ICD-9-CM Procedure Code - 6 must be within the valid domain of values.	MC088	Other ICD-9-CM Procedure Code - 6	1	C
2013	67302	2010	Other ICD-9-CM Procedure Code - 6 must be within the valid domain of values.	MC088	Other ICD-9-CM Procedure Code - 6	1	C
2013	2167315	2011	Other ICD-9-CM Procedure Code - 6 must be within the valid domain of values.	MC088	Other ICD-9-CM Procedure Code - 6	1	C
2013	112199	2012	Other ICD-9-CM Procedure Code - 6 must be within the valid domain of values.	MC088	Other ICD-9-CM Procedure Code - 6	1	C

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2017	375450	2008	Procedure Modifier - 3 must be within the valid domain of values.	MC108	Procedure Modifier - 3	0	C
2017	665837	2009	Procedure Modifier - 3 must be within the valid domain of values.	MC108	Procedure Modifier - 3	0	C
2017	628544	2010	Procedure Modifier - 3 must be within the valid domain of values.	MC108	Procedure Modifier - 3	0	C
2017	747328	2011	Procedure Modifier - 3 must be within the valid domain of values.	MC108	Procedure Modifier - 3	0	C
2017	806536	2012	Procedure Modifier - 3 must be within the valid domain of values.	MC108	Procedure Modifier - 3	0	C
2018	43177	2008	Procedure Modifier - 4 must be within the valid domain of values.	MC109	Procedure Modifier - 4	0	C
2018	51191	2009	Procedure Modifier - 4 must be within the valid domain of values.	MC109	Procedure Modifier - 4	0	C
2018	66099	2010	Procedure Modifier - 4 must be within the valid domain of values.	MC109	Procedure Modifier - 4	0	C
2018	69355	2011	Procedure Modifier - 4 must be within the valid domain of values.	MC109	Procedure Modifier - 4	0	C
2018	73628	2012	Procedure Modifier - 4 must be within the valid domain of values.	MC109	Procedure Modifier - 4	0	C
2019	84	2008	Payment Arrangement Type must be within the valid domain of values.	MC113	Payment Arrangement Type	90	A0
2019	155	2009	Payment Arrangement Type must be within the valid domain of values.	MC113	Payment Arrangement Type	90	A0
2019	2527	2010	Payment Arrangement Type must be within the valid domain of values.	MC113	Payment Arrangement Type	90	A0
2019	754	2011	Payment Arrangement Type must be within the valid domain of values.	MC113	Payment Arrangement Type	90	A0
2023	540736	2010	Family Planning Indicator must be within the valid domain of values.	MC127	Family Planning Indicator	0	B
2023	227165	2011	Family Planning Indicator must be within the valid domain of values.	MC127	Family Planning Indicator	0	B
2024	540736	2010	EPSDT Indicator must be within the valid domain of values.	MC129	EPSDT Indicator	0	B
2024	227165	2011	EPSDT Indicator must be within the valid domain of values.	MC129	EPSDT Indicator	0	B
2026	633877	2008	Service Class must be within the valid domain of values.	MC132	Service Class	0	C
2026	761680	2009	Service Class must be within the valid domain of values.	MC132	Service Class	0	C
2026	894672	2010	Service Class must be within the valid domain of values.	MC132	Service Class	0	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2026	1135209	2011	Service Class must be within the valid domain of values.	MC132	Service Class	0	C
2026	1210486	2012	Service Class must be within the valid domain of values.	MC132	Service Class	0	C
2028	2893	2009	Market Category Code must be within the valid domain of values.	ME030	Market Category Code	95	A0
2028	3779	2010	Market Category Code must be within the valid domain of values.	ME030	Market Category Code	95	A0
2028	37975	2011	Market Category Code must be within the valid domain of values.	ME030	Market Category Code	95	A0
2028	27014	2012	Market Category Code must be within the valid domain of values.	ME030	Market Category Code	95	A0
2039	1925420	2011	Marital Status must be within the valid domain of values.	ME062	Marital Status	100	B
2039	7253570	2012	Marital Status must be within the valid domain of values.	ME062	Marital Status	100	B
2044	90676	2009	Member rating category must be within the valid domain of values.	ME076	Member rating category	0	B
2044	156961	2010	Member rating category must be within the valid domain of values.	ME076	Member rating category	0	B
2044	2051637	2011	Member rating category must be within the valid domain of values.	ME076	Member rating category	0	B
2044	2093267	2012	Member rating category must be within the valid domain of values.	ME076	Member rating category	0	B
2062	298	2010	Product Line of Business Model must be within the valid domain of values.	PR004	Product Line of Business Model	100	A0
2064	1325	2010	Insurance Plan Market must be within the valid domain of values.	PR005	Insurance Plan Market	100	A0
2064	355	2011	Insurance Plan Market must be within the valid domain of values.	PR005	Insurance Plan Market	100	A0
2066	84258	2011	Entity Code must be within the valid domain of values.	PV013	Entity Code	98	A0
2067	27	2011	Gender Code must be within the valid domain of values.	PV014	Gender Code	20	B
2067	24	2012	Gender Code must be within the valid domain of values.	PV014	Gender Code	20	B
2072	60664298	2011	Primary Specialty Code must be within the valid domain of values.	PV030	Primary Specialty Code	98	B
2072	15176358	2012	Primary Specialty Code must be within the valid domain of values.	PV030	Primary Specialty Code	98	B
2074	19036	2011	Provider ID Code must be within the valid domain of values.	PV034	Provider ID Code	100	A0
2079	7560	2011	Office Type must be within the valid domain of values.	PV060	Office Type	95	A0
2079	8872	2012	Office Type must be within the valid domain of values.	PV060	Office Type	95	A0

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2091	95733	2008	Insurance Type Code/Product is required.	MC003	Insurance Type Code/Product	92	C
2091	181594	2009	Insurance Type Code/Product is required.	MC003	Insurance Type Code/Product	92	C
2091	7462056	2010	Insurance Type Code/Product is required.	MC003	Insurance Type Code/Product	92	C
2091	455690	2011	Insurance Type Code/Product is required.	MC003	Insurance Type Code/Product	92	C
2091	777550	2012	Insurance Type Code/Product is required.	MC003	Insurance Type Code/Product	92	C
2092	3	2011	Payer Claim Control Number is required.	MC004	Payer Claim Control Number	100	A0
2092	3	2012	Payer Claim Control Number is required.	MC004	Payer Claim Control Number	100	A0
2094	47034988	2008	Version Number is required.	MC005A	Version Number	100	A0
2094	55233913	2009	Version Number is required.	MC005A	Version Number	100	A0
2094	65197211	2010	Version Number is required.	MC005A	Version Number	100	A0
2094	68888474	2011	Version Number is required.	MC005A	Version Number	100	A0
2094	74786255	2012	Version Number is required.	MC005A	Version Number	100	A0
2095	58461867	2008	Insured Group or Policy Number is required.	MC006	Insured Group or Policy Number	95	C
2095	69994275	2009	Insured Group or Policy Number is required.	MC006	Insured Group or Policy Number	95	C
2095	79768708	2010	Insured Group or Policy Number is required.	MC006	Insured Group or Policy Number	95	C
2095	86617354	2011	Insured Group or Policy Number is required.	MC006	Insured Group or Policy Number	95	C
2095	91898331	2012	Insured Group or Policy Number is required.	MC006	Insured Group or Policy Number	95	C
2096	9321157	2008	Subscriber SSN is required.	MC007	Subscriber SSN	79	B
2096	9281661	2009	Subscriber SSN is required.	MC007	Subscriber SSN	79	B
2096	8376554	2010	Subscriber SSN is required.	MC007	Subscriber SSN	79	B
2096	10640770	2011	Subscriber SSN is required.	MC007	Subscriber SSN	79	B
2096	10622090	2012	Subscriber SSN is required.	MC007	Subscriber SSN	79	B
2097	53877962	2008	Plan Specific Contract Number is required.	MC008	Plan Specific Contract Number	98	C

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2097	65879103	2009	Plan Specific Contract Number is required.	MC008	Plan Specific Contract Number	98	C
2097	75340416	2010	Plan Specific Contract Number is required.	MC008	Plan Specific Contract Number	98	C
2097	78681223	2011	Plan Specific Contract Number is required.	MC008	Plan Specific Contract Number	98	C
2097	85396140	2012	Plan Specific Contract Number is required.	MC008	Plan Specific Contract Number	98	C
2098	47079434	2008	Member Suffix or Sequence Number is required.	MC009	Member Suffix or Sequence Number	98	B
2098	55265899	2009	Member Suffix or Sequence Number is required.	MC009	Member Suffix or Sequence Number	98	B
2098	64636086	2010	Member Suffix or Sequence Number is required.	MC009	Member Suffix or Sequence Number	98	B
2098	68921154	2011	Member Suffix or Sequence Number is required.	MC009	Member Suffix or Sequence Number	98	B
2098	74931296	2012	Member Suffix or Sequence Number is required.	MC009	Member Suffix or Sequence Number	98	B
2099	20946757	2008	Member SSN is required.	MC010	Member SSN	73	B
2099	23219223	2009	Member SSN is required.	MC010	Member SSN	73	B
2099	21456379	2010	Member SSN is required.	MC010	Member SSN	73	B
2099	23404287	2011	Member SSN is required.	MC010	Member SSN	73	B
2099	24476155	2012	Member SSN is required.	MC010	Member SSN	73	B
2100	1583	2008	Individual Relationship Code is required.	MC011	Individual Relationship Code	98	B
2100	1244	2009	Individual Relationship Code is required.	MC011	Individual Relationship Code	98	B
2100	807	2010	Individual Relationship Code is required.	MC011	Individual Relationship Code	98	B
2100	311	2011	Individual Relationship Code is required.	MC011	Individual Relationship Code	98	B
2100	229	2012	Individual Relationship Code is required.	MC011	Individual Relationship Code	98	B
2101	5	2011	Member Gender is required.	MC012	Member Gender	98	B
2101	741	2012	Member Gender is required.	MC012	Member Gender	98	B
2102	969	2008	Member Date of Birth is required.	MC013	Member Date of	98	B

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					Birth		
2102	5627	2009	Member Date of Birth is required.	MC013	Member Date of Birth	98	B
2102	3721	2010	Member Date of Birth is required.	MC013	Member Date of Birth	98	B
2102	2698	2011	Member Date of Birth is required.	MC013	Member Date of Birth	98	B
2102	769	2012	Member Date of Birth is required.	MC013	Member Date of Birth	98	B
2103	404581	2008	Member City Name is required.	MC014	Member City Name	98	B
2103	428064	2009	Member City Name is required.	MC014	Member City Name	98	B
2103	399750	2010	Member City Name is required.	MC014	Member City Name	98	B
2103	424846	2011	Member City Name is required.	MC014	Member City Name	98	B
2103	675043	2012	Member City Name is required.	MC014	Member City Name	98	B
2104	228834	2008	Member State or Province is required.	MC015	Member State or Province	98	B
2104	358761	2009	Member State or Province is required.	MC015	Member State or Province	98	B
2104	391087	2010	Member State or Province is required.	MC015	Member State or Province	98	B
2104	263337	2011	Member State or Province is required.	MC015	Member State or Province	98	B
2104	235754	2012	Member State or Province is required.	MC015	Member State or Province	98	B
2105	618350	2008	Member ZIP Code is required.	MC016	Member ZIP Code	98	B
2105	761385	2009	Member ZIP Code is required.	MC016	Member ZIP Code	98	B
2105	773114	2010	Member ZIP Code is required.	MC016	Member ZIP Code	98	B
2105	654674	2011	Member ZIP Code is required.	MC016	Member ZIP Code	98	B
2105	670911	2012	Member ZIP Code is required.	MC016	Member ZIP Code	98	B
2106	3832632	2008	Date Service Approved (AP Date) is required.	MC017	Date Service Approved (AP Date)	93	C

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2106	4202229	2009	Date Service Approved (AP Date) is required.	MC017	Date Service Approved (AP Date)	93	C
2106	3071185	2010	Date Service Approved (AP Date) is required.	MC017	Date Service Approved (AP Date)	93	C
2106	1757119	2011	Date Service Approved (AP Date) is required.	MC017	Date Service Approved (AP Date)	93	C
2106	33204	2012	Date Service Approved (AP Date) is required.	MC017	Date Service Approved (AP Date)	93	C
2113	51807209	2008	Service Provider Number is required.	MC024	Service Provider Number	99	A1
2113	59670837	2009	Service Provider Number is required.	MC024	Service Provider Number	99	A1
2113	68554713	2010	Service Provider Number is required.	MC024	Service Provider Number	99	A1
2113	72468087	2011	Service Provider Number is required.	MC024	Service Provider Number	99	A1
2113	78261476	2012	Service Provider Number is required.	MC024	Service Provider Number	99	A1
2114	52977726	2008	Service Provider Tax ID Number is required.	MC025	Service Provider Tax ID Number	97	C
2114	61975210	2009	Service Provider Tax ID Number is required.	MC025	Service Provider Tax ID Number	97	C
2114	75189687	2010	Service Provider Tax ID Number is required.	MC025	Service Provider Tax ID Number	97	C
2114	80761334	2011	Service Provider Tax ID Number is required.	MC025	Service Provider Tax ID Number	97	C
2114	86793775	2012	Service Provider Tax ID Number is required.	MC025	Service Provider Tax ID Number	97	C
2115	79423742	2008	National Service Provider ID is required.	MC026	National Service Provider ID	95	C
2115	73045749	2009	National Service Provider ID is required.	MC026	National Service Provider ID	95	C
2115	79288440	2010	National Service Provider ID is required.	MC026	National Service Provider ID	95	C



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2115	83847584	2011	National Service Provider ID is required.	MC026	National Service Provider ID	95	C
2115	103600048	2012	National Service Provider ID is required.	MC026	National Service Provider ID	95	C
2116	48827715	2008	Service Provider Entity Type Qualifier is required.	MC027	Service Provider Entity Type Qualifier	98	A0
2116	57176901	2009	Service Provider Entity Type Qualifier is required.	MC027	Service Provider Entity Type Qualifier	98	A0
2116	66492826	2010	Service Provider Entity Type Qualifier is required.	MC027	Service Provider Entity Type Qualifier	98	A0
2116	70770505	2011	Service Provider Entity Type Qualifier is required.	MC027	Service Provider Entity Type Qualifier	98	A0
2116	76816317	2012	Service Provider Entity Type Qualifier is required.	MC027	Service Provider Entity Type Qualifier	98	A0
2119	51346315	2008	Service Provider Last Name or Organization Name is required.	MC030	Service Provider Last Name or Organization Name	94	A2
2119	59443620	2009	Service Provider Last Name or Organization Name is required.	MC030	Service Provider Last Name or Organization Name	94	A2
2119	68016607	2010	Service Provider Last Name or Organization Name is required.	MC030	Service Provider Last Name or Organization Name	94	A2
2119	71959902	2011	Service Provider Last Name or Organization Name is required.	MC030	Service Provider Last Name or Organization Name	94	A2
2119	77690381	2012	Service Provider Last Name or Organization Name is required.	MC030	Service Provider Last Name or Organization Name	94	A2
2121	68441438	2008	Service Provider Specialty is required.	MC032	Service Provider Specialty	98	B
2121	77845720	2009	Service Provider Specialty is required.	MC032	Service Provider Specialty	98	B

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2121	88881023	2010	Service Provider Specialty is required.	MC032	Service Provider Specialty	98	B
2121	92859082	2011	Service Provider Specialty is required.	MC032	Service Provider Specialty	98	B
2121	116483067	2012	Service Provider Specialty is required.	MC032	Service Provider Specialty	98	B
2122	51895348	2008	Service Provider City Name is required.	MC033	Service Provider City Name	98	B
2122	59438030	2009	Service Provider City Name is required.	MC033	Service Provider City Name	98	B
2122	68576473	2010	Service Provider City Name is required.	MC033	Service Provider City Name	98	B
2122	73234193	2011	Service Provider City Name is required.	MC033	Service Provider City Name	98	B
2122	78721802	2012	Service Provider City Name is required.	MC033	Service Provider City Name	98	B
2123	51822417	2008	Service Provider State is required.	MC034	Service Provider State	98	B
2123	59364145	2009	Service Provider State is required.	MC034	Service Provider State	98	B
2123	68500066	2010	Service Provider State is required.	MC034	Service Provider State	98	B
2123	73161531	2011	Service Provider State is required.	MC034	Service Provider State	98	B
2123	78650998	2012	Service Provider State is required.	MC034	Service Provider State	98	B
2124	50366581	2008	Service Provider ZIP Code is required.	MC035	Service Provider ZIP Code	98	B
2124	58536014	2009	Service Provider ZIP Code is required.	MC035	Service Provider ZIP Code	98	B
2124	68193566	2010	Service Provider ZIP Code is required.	MC035	Service Provider ZIP Code	98	B
2124	72502106	2011	Service Provider ZIP Code is required.	MC035	Service Provider ZIP Code	98	B
2124	78143730	2012	Service Provider ZIP Code is required.	MC035	Service Provider ZIP Code	98	B
2127	1264610	2008	Claim Status is required.	MC038	Claim Status	98	A0
2127	1118609	2009	Claim Status is required.	MC038	Claim Status	98	A0

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2127	779526	2010	Claim Status is required.	MC038	Claim Status	98	A0
2127	260821	2011	Claim Status is required.	MC038	Claim Status	98	A0
2127	54	2012	Claim Status is required.	MC038	Claim Status	98	A0
2130	21342148	2008	Principal Diagnosis is required.	MC041	Principal Diagnosis	99	A0
2130	27574030	2009	Principal Diagnosis is required.	MC041	Principal Diagnosis	99	A0
2130	22722100	2010	Principal Diagnosis is required.	MC041	Principal Diagnosis	99	A0
2130	20979322	2011	Principal Diagnosis is required.	MC041	Principal Diagnosis	99	A0
2130	8432392	2012	Principal Diagnosis is required.	MC041	Principal Diagnosis	99	A0
2148	18	2008	Date of Service – From is required.	MC059	Date of Service – From	98	A0
2148	64915	2009	Date of Service – From is required.	MC059	Date of Service – From	98	A0
2148	8592	2010	Date of Service – From is required.	MC059	Date of Service – From	98	A0
2148	36696	2011	Date of Service – From is required.	MC059	Date of Service – From	98	A0
2148	3808	2012	Date of Service – From is required.	MC059	Date of Service – From	98	A0
2149	143940	2008	Date of Service – To is required.	MC060	Date of Service – To	98	A0
2149	203579	2009	Date of Service – To is required.	MC060	Date of Service – To	98	A0
2149	69884	2010	Date of Service – To is required.	MC060	Date of Service – To	98	A0
2149	165862	2011	Date of Service – To is required.	MC060	Date of Service – To	98	A0
2149	130116	2012	Date of Service – To is required.	MC060	Date of Service – To	98	A0
2151	958026	2008	Charge Amount is required.	MC062	Charge Amount	99	A0
2151	1189007	2009	Charge Amount is required.	MC062	Charge Amount	99	A0
2151	1237232	2010	Charge Amount is required.	MC062	Charge Amount	99	A0
2151	1904133	2011	Charge Amount is required.	MC062	Charge Amount	99	A0
2151	2084458	2012	Charge Amount is required.	MC062	Charge Amount	99	A0
2153	53885155	2008	Prepaid Amount is required.	MC064	Prepaid Amount	99	B

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2153	63857423	2009	Prepaid Amount is required.	MC064	Prepaid Amount	99	B
2153	73323863	2010	Prepaid Amount is required.	MC064	Prepaid Amount	99	B
2153	78237421	2011	Prepaid Amount is required.	MC064	Prepaid Amount	99	B
2153	82722687	2012	Prepaid Amount is required.	MC064	Prepaid Amount	99	B
2154	4832787	2008	Copay Amount is required.	MC065	Copay Amount	99	A1
2154	6271855	2009	Copay Amount is required.	MC065	Copay Amount	99	A1
2154	1277771	2010	Copay Amount is required.	MC065	Copay Amount	99	A1
2154	53016	2011	Copay Amount is required.	MC065	Copay Amount	99	A1
2154	1494048	2012	Copay Amount is required.	MC065	Copay Amount	99	A1
2155	49073983	2008	Coinsurance Amount is required.	MC066	Coinsurance Amount	99	A1
2155	57493226	2009	Coinsurance Amount is required.	MC066	Coinsurance Amount	99	A1
2155	66408633	2010	Coinsurance Amount is required.	MC066	Coinsurance Amount	99	A1
2155	70297322	2011	Coinsurance Amount is required.	MC066	Coinsurance Amount	99	A1
2155	76473069	2012	Coinsurance Amount is required.	MC066	Coinsurance Amount	99	A1
2156	47791230	2008	Deductible Amount is required.	MC067	Deductible Amount	99	A1
2156	56145843	2009	Deductible Amount is required.	MC067	Deductible Amount	99	A1
2156	65062167	2010	Deductible Amount is required.	MC067	Deductible Amount	99	A1
2156	68888866	2011	Deductible Amount is required.	MC067	Deductible Amount	99	A1
2156	74810542	2012	Deductible Amount is required.	MC067	Deductible Amount	99	A1
2159	50192574	2008	Service Provider Country Code is required.	MC070	Service Provider Country Code	98	C
2159	57913266	2009	Service Provider Country Code is required.	MC070	Service Provider Country Code	98	C
2159	66849502	2010	Service Provider Country Code is required.	MC070	Service Provider Country Code	98	C
2159	70888626	2011	Service Provider Country Code is required.	MC070	Service Provider Country Code	98	C
2159	76649093	2012	Service Provider Country Code is required.	MC070	Service Provider Country Code	98	C

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2165	4846728	2008	Billing Provider Number is required.	MC076	Billing Provider Number	99	B
2165	2403737	2009	Billing Provider Number is required.	MC076	Billing Provider Number	99	B
2165	4046878	2010	Billing Provider Number is required.	MC076	Billing Provider Number	99	B
2165	3909085	2011	Billing Provider Number is required.	MC076	Billing Provider Number	99	B
2165	5861856	2012	Billing Provider Number is required.	MC076	Billing Provider Number	99	B
2166	34158487	2008	National Billing Provider ID is required.	MC077	National Billing Provider ID	99	B
2166	18715220	2009	National Billing Provider ID is required.	MC077	National Billing Provider ID	99	B
2166	18992440	2010	National Billing Provider ID is required.	MC077	National Billing Provider ID	99	B
2166	19362174	2011	National Billing Provider ID is required.	MC077	National Billing Provider ID	99	B
2166	19495217	2012	National Billing Provider ID is required.	MC077	National Billing Provider ID	99	B
2167	5776019	2008	Billing Provider Last Name or Organization Name is required.	MC078	Billing Provider Last Name or Organization Name	99	B
2167	7412871	2009	Billing Provider Last Name or Organization Name is required.	MC078	Billing Provider Last Name or Organization Name	99	B
2167	7793788	2010	Billing Provider Last Name or Organization Name is required.	MC078	Billing Provider Last Name or Organization Name	99	B
2167	4522328	2011	Billing Provider Last Name or Organization Name is required.	MC078	Billing Provider Last Name or Organization Name	99	B
2167	3997974	2012	Billing Provider Last Name or Organization Name is required.	MC078	Billing Provider Last Name or Organization Name	99	B
2168	4953472	2008	Product ID Number is required.	MC079	Product ID Number	100	A0
2168	6790170	2009	Product ID Number is required.	MC079	Product ID Number	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2168	3411044	2010	Product ID Number is required.	MC079	Product ID Number	100	A0
2168	1757655	2011	Product ID Number is required.	MC079	Product ID Number	100	A0
2168	1843382	2012	Product ID Number is required.	MC079	Product ID Number	100	A0
2169	41560783	2008	Reason for Adjustment is required.	MC080	Reason for Adjustment	80	A1
2169	40514407	2009	Reason for Adjustment is required.	MC080	Reason for Adjustment	80	A1
2169	39924024	2010	Reason for Adjustment is required.	MC080	Reason for Adjustment	80	A1
2169	38203991	2011	Reason for Adjustment is required.	MC080	Reason for Adjustment	80	A1
2169	47347384	2012	Reason for Adjustment is required.	MC080	Reason for Adjustment	80	A1
2170	2110520	2008	Capitated Encounter Flag is required.	MC081	Capitated Encounter Flag	100	A0
2170	2898521	2009	Capitated Encounter Flag is required.	MC081	Capitated Encounter Flag	100	A0
2170	3051258	2010	Capitated Encounter Flag is required.	MC081	Capitated Encounter Flag	100	A0
2170	3408700	2011	Capitated Encounter Flag is required.	MC081	Capitated Encounter Flag	100	A0
2170	3753839	2012	Capitated Encounter Flag is required.	MC081	Capitated Encounter Flag	100	A0
2171	409092	2008	Member Street Address is required.	MC082	Member Street Address	90	B
2171	432545	2009	Member Street Address is required.	MC082	Member Street Address	90	B
2171	402392	2010	Member Street Address is required.	MC082	Member Street Address	90	B
2171	425835	2011	Member Street Address is required.	MC082	Member Street Address	90	B
2171	675313	2012	Member Street Address is required.	MC082	Member Street Address	90	B
2178	1	2008	Paid Date is required.	MC089	Paid Date	98	A0
2183	4769383	2008	Type of Claim is required.	MC094	Type of Claim	100	A0
2183	6205596	2009	Type of Claim is required.	MC094	Type of Claim	100	A0

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2183	1188185	2010	Type of Claim is required.	MC094	Type of Claim	100	A0
2183	246878	2011	Type of Claim is required.	MC094	Type of Claim	100	A0
2183	193455	2012	Type of Claim is required.	MC094	Type of Claim	100	A0
2190	5360	2008	Subscriber Last Name is required.	MC101	Subscriber Last Name	98	B
2190	4707	2009	Subscriber Last Name is required.	MC101	Subscriber Last Name	98	B
2190	692	2010	Subscriber Last Name is required.	MC101	Subscriber Last Name	98	B
2190	2915	2011	Subscriber Last Name is required.	MC101	Subscriber Last Name	98	B
2190	1238	2012	Subscriber Last Name is required.	MC101	Subscriber Last Name	98	B
2191	5718	2008	Subscriber First Name is required.	MC102	Subscriber First Name	98	B
2191	4844	2009	Subscriber First Name is required.	MC102	Subscriber First Name	98	B
2191	722	2010	Subscriber First Name is required.	MC102	Subscriber First Name	98	B
2191	3044	2011	Subscriber First Name is required.	MC102	Subscriber First Name	98	B
2191	1383	2012	Subscriber First Name is required.	MC102	Subscriber First Name	98	B
2193	1645	2008	Member Last Name is required.	MC104	Member Last Name	98	B
2193	1476	2009	Member Last Name is required.	MC104	Member Last Name	98	B
2193	1141	2010	Member Last Name is required.	MC104	Member Last Name	98	B
2193	313	2011	Member Last Name is required.	MC104	Member Last Name	98	B
2193	78	2012	Member Last Name is required.	MC104	Member Last Name	98	B
2194	2123	2008	Member First Name is required.	MC105	Member First Name	98	B
2194	1684	2009	Member First Name is required.	MC105	Member First Name	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2194	1268	2010	Member First Name is required.	MC105	Member First Name	98	B
2194	564	2011	Member First Name is required.	MC105	Member First Name	98	B
2194	372	2012	Member First Name is required.	MC105	Member First Name	98	B
2199	1713272	2008	Claim Processed Date is required.	MC110	Claim Processed Date	98	C
2199	1783643	2009	Claim Processed Date is required.	MC110	Claim Processed Date	98	C
2199	1531914	2010	Claim Processed Date is required.	MC110	Claim Processed Date	98	C
2199	1891116	2011	Claim Processed Date is required.	MC110	Claim Processed Date	98	C
2199	1235279	2012	Claim Processed Date is required.	MC110	Claim Processed Date	98	C
2202	27289123	2008	Payment Arrangement Type is required.	MC113	Payment Arrangement Type	90	A0
2202	31405598	2009	Payment Arrangement Type is required.	MC113	Payment Arrangement Type	90	A0
2202	33801276	2010	Payment Arrangement Type is required.	MC113	Payment Arrangement Type	90	A0
2202	34059915	2011	Payment Arrangement Type is required.	MC113	Payment Arrangement Type	90	A0
2202	30107500	2012	Payment Arrangement Type is required.	MC113	Payment Arrangement Type	90	A0
2203	27876857	2008	Excluded Expenses is required.	MC114	Excluded Expenses	80	B
2203	27646280	2009	Excluded Expenses is required.	MC114	Excluded Expenses	80	B
2203	23120317	2010	Excluded Expenses is required.	MC114	Excluded Expenses	80	B
2203	24553743	2011	Excluded Expenses is required.	MC114	Excluded Expenses	80	B
2203	26033157	2012	Excluded Expenses is required.	MC114	Excluded Expenses	80	B
2204	754272	2008	Medicare Indicator is required.	MC115	Medicare Indicator	100	A0
2204	910738	2009	Medicare Indicator is required.	MC115	Medicare Indicator	100	A0
2204	446980	2010	Medicare Indicator is required.	MC115	Medicare Indicator	100	A0
2206	754271	2008	Authorization Needed is required.	MC117	Authorization Needed	100	B



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2206	1004124	2009	Authorization Needed is required.	MC117	Authorization Needed	100	B
2206	446980	2010	Authorization Needed is required.	MC117	Authorization Needed	100	B
2207	754271	2008	Referral Indicator is required.	MC118	Referral Indicator	100	A0
2207	910738	2009	Referral Indicator is required.	MC118	Referral Indicator	100	A0
2207	446980	2010	Referral Indicator is required.	MC118	Referral Indicator	100	A0
2208	215451	2008	PCP Indicator is required.	MC119	PCP Indicator	100	B
2208	332713	2009	PCP Indicator is required.	MC119	PCP Indicator	100	B
2208	372148	2010	PCP Indicator is required.	MC119	PCP Indicator	100	B
2208	411314	2011	PCP Indicator is required.	MC119	PCP Indicator	100	B
2208	387645	2012	PCP Indicator is required.	MC119	PCP Indicator	100	B
2211	2110520	2008	Global Payment Flag is required.	MC122	Global Payment Flag	100	A0
2211	2898521	2009	Global Payment Flag is required.	MC122	Global Payment Flag	100	A0
2211	3051258	2010	Global Payment Flag is required.	MC122	Global Payment Flag	100	A0
2211	3408700	2011	Global Payment Flag is required.	MC122	Global Payment Flag	100	A0
2211	3753839	2012	Global Payment Flag is required.	MC122	Global Payment Flag	100	A0
2212	284	2008	Denied Flag is required.	MC123	Denied Flag	100	A0
2212	321	2009	Denied Flag is required.	MC123	Denied Flag	100	A0
2212	1959	2010	Denied Flag is required.	MC123	Denied Flag	100	A0
2212	752	2011	Denied Flag is required.	MC123	Denied Flag	100	A0
2215	65642127	2008	Accident Indicator is required.	MC126	Accident Indicator	100	B
2215	67748789	2009	Accident Indicator is required.	MC126	Accident Indicator	100	B
2215	62755925	2010	Accident Indicator is required.	MC126	Accident Indicator	100	B
2215	57462357	2011	Accident Indicator is required.	MC126	Accident Indicator	100	B
2215	247146	2012	Accident Indicator is required.	MC126	Accident Indicator	100	B
2217	1402911	2008	Employment Related Indicator is required.	MC128	Employment Related Indicator	100	B
2217	1604248	2009	Employment Related Indicator is required.	MC128	Employment	100	B

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					Related Indicator		
2217	1049769	2010	Employment Related Indicator is required.	MC128	Employment Related Indicator	100	B
2217	590841	2011	Employment Related Indicator is required.	MC128	Employment Related Indicator	100	B
2217	573511	2012	Employment Related Indicator is required.	MC128	Employment Related Indicator	100	B
2219	61408597	2008	Procedure Code Type is required.	MC130	Procedure Code Type	80	A1
2219	72020018	2009	Procedure Code Type is required.	MC130	Procedure Code Type	80	A1
2219	81198853	2010	Procedure Code Type is required.	MC130	Procedure Code Type	80	A1
2219	85843888	2011	Procedure Code Type is required.	MC130	Procedure Code Type	80	A1
2219	92438949	2012	Procedure Code Type is required.	MC130	Procedure Code Type	80	A1
2220	215451	2008	InNetwork Indicator is required.	MC131	InNetwork Indicator	100	B
2220	332713	2009	InNetwork Indicator is required.	MC131	InNetwork Indicator	100	B
2220	372148	2010	InNetwork Indicator is required.	MC131	InNetwork Indicator	100	B
2220	411314	2011	InNetwork Indicator is required.	MC131	InNetwork Indicator	100	B
2220	387645	2012	InNetwork Indicator is required.	MC131	InNetwork Indicator	100	B
2223	20637250	2008	Plan Rendering Provider Identifier is required.	MC134	Plan Rendering Provider Identifier	100	A0
2223	22681204	2009	Plan Rendering Provider Identifier is required.	MC134	Plan Rendering Provider Identifier	100	A0
2223	26941832	2010	Plan Rendering Provider Identifier is required.	MC134	Plan Rendering Provider Identifier	100	A0
2223	31577046	2011	Plan Rendering Provider Identifier is required.	MC134	Plan Rendering Provider Identifier	100	A0
2223	8680930	2012	Plan Rendering Provider Identifier is required.	MC134	Plan Rendering Provider Identifier	100	A0
2224	108092964	2008	Provider Location is required.	MC135	Provider Location	98	B

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2224	114930534	2009	Provider Location is required.	MC135	Provider Location	98	B
2224	113450226	2010	Provider Location is required.	MC135	Provider Location	98	B
2224	123182288	2011	Provider Location is required.	MC135	Provider Location	98	B
2224	141115253	2012	Provider Location is required.	MC135	Provider Location	98	B
2226	75885	2008	Carrier Specific Unique Member ID is required.	MC137	Carrier Specific Unique Member ID	100	A0
2226	50761	2009	Carrier Specific Unique Member ID is required.	MC137	Carrier Specific Unique Member ID	100	A0
2226	28555	2010	Carrier Specific Unique Member ID is required.	MC137	Carrier Specific Unique Member ID	100	A0
2226	14274	2011	Carrier Specific Unique Member ID is required.	MC137	Carrier Specific Unique Member ID	100	A0
2226	133213	2012	Carrier Specific Unique Member ID is required.	MC137	Carrier Specific Unique Member ID	100	A0
2227	3	2008	Claim Line Type is required.	MC138	Claim Line Type	90	A0
2227	17	2009	Claim Line Type is required.	MC138	Claim Line Type	90	A0
2227	90632	2010	Claim Line Type is required.	MC138	Claim Line Type	90	A0
2227	2242	2011	Claim Line Type is required.	MC138	Claim Line Type	90	A0
2227	148	2012	Claim Line Type is required.	MC138	Claim Line Type	90	A0
2230	77332	2008	Carrier Specific Unique Subscriber ID is required.	MC141	Carrier Specific Unique Subscriber ID	100	A0
2230	51344	2009	Carrier Specific Unique Subscriber ID is required.	MC141	Carrier Specific Unique Subscriber ID	100	A0
2230	28541	2010	Carrier Specific Unique Subscriber ID is required.	MC141	Carrier Specific Unique Subscriber ID	100	A0
2230	14244	2011	Carrier Specific Unique Subscriber ID is required.	MC141	Carrier Specific Unique Subscriber ID	100	A0
2230	132879	2012	Carrier Specific Unique Subscriber ID is required.	MC141	Carrier Specific Unique Subscriber ID	100	A0
2234	93259	2008	Insurance Type Code/Product is required.	PC003	Insurance Type Code/Product	95	C

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2234	393352	2009	Insurance Type Code/Product is required.	PC003	Insurance Type Code/Product	95	C
2234	178098	2010	Insurance Type Code/Product is required.	PC003	Insurance Type Code/Product	95	C
2234	179260	2011	Insurance Type Code/Product is required.	PC003	Insurance Type Code/Product	95	C
2234	181376	2012	Insurance Type Code/Product is required.	PC003	Insurance Type Code/Product	95	C
2237	10942713	2008	Version Number is required.	PC005A	Version Number	100	A0
2237	11444944	2009	Version Number is required.	PC005A	Version Number	100	A0
2237	13299744	2010	Version Number is required.	PC005A	Version Number	100	A0
2237	13223479	2011	Version Number is required.	PC005A	Version Number	100	A0
2237	13563688	2012	Version Number is required.	PC005A	Version Number	100	A0
2238	13843664	2008	Insured Group or Policy Number is required.	PC006	Insured Group or Policy Number	98	C
2238	14643916	2009	Insured Group or Policy Number is required.	PC006	Insured Group or Policy Number	98	C
2238	16585104	2010	Insured Group or Policy Number is required.	PC006	Insured Group or Policy Number	98	C
2238	16775069	2011	Insured Group or Policy Number is required.	PC006	Insured Group or Policy Number	98	C
2238	17228719	2012	Insured Group or Policy Number is required.	PC006	Insured Group or Policy Number	98	C
2239	38014825	2008	Subscriber SSN is required.	PC007	Subscriber SSN	85	B
2239	45431741	2009	Subscriber SSN is required.	PC007	Subscriber SSN	85	B
2239	44674163	2010	Subscriber SSN is required.	PC007	Subscriber SSN	85	B
2239	54061150	2011	Subscriber SSN is required.	PC007	Subscriber SSN	85	B
2239	52508598	2012	Subscriber SSN is required.	PC007	Subscriber SSN	85	B
2240	11032805	2008	Plan Specific Contract Number is required.	PC008	Plan Specific Contract Number	98	C
2240	11913568	2009	Plan Specific Contract Number is required.	PC008	Plan Specific Contract Number	98	C
2240	13575187	2010	Plan Specific Contract Number is required.	PC008	Plan Specific Contract Number	98	C
2240	13484668	2011	Plan Specific Contract Number is required.	PC008	Plan Specific Contract Number	98	C

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2240	13822295	2012	Plan Specific Contract Number is required.	PC008	Plan Specific Contract Number	98	C
2241	13891166	2008	Member Suffix or Sequence Number is required.	PC009	Member Suffix or Sequence Number	98	B
2241	15127547	2009	Member Suffix or Sequence Number is required.	PC009	Member Suffix or Sequence Number	98	B
2241	18886556	2010	Member Suffix or Sequence Number is required.	PC009	Member Suffix or Sequence Number	98	B
2241	20741132	2011	Member Suffix or Sequence Number is required.	PC009	Member Suffix or Sequence Number	98	B
2241	21679905	2012	Member Suffix or Sequence Number is required.	PC009	Member Suffix or Sequence Number	98	B
2242	40817011	2008	Member SSN is required.	PC010	Member SSN	98	B
2242	48245080	2009	Member SSN is required.	PC010	Member SSN	98	B
2242	47289683	2010	Member SSN is required.	PC010	Member SSN	98	B
2242	56580713	2011	Member SSN is required.	PC010	Member SSN	98	B
2242	55256493	2012	Member SSN is required.	PC010	Member SSN	98	B
2243	1	2008	Individual Relationship Code is required.	PC011	Individual Relationship Code	85	B
2243	26	2009	Individual Relationship Code is required.	PC011	Individual Relationship Code	85	B
2243	16	2010	Individual Relationship Code is required.	PC011	Individual Relationship Code	85	B
2243	79	2011	Individual Relationship Code is required.	PC011	Individual Relationship Code	85	B
2243	1167	2012	Individual Relationship Code is required.	PC011	Individual Relationship Code	85	B
2244	24357	2008	Member Gender is required.	PC012	Member Gender	100	B
2244	69708	2009	Member Gender is required.	PC012	Member Gender	100	B
2244	47602	2010	Member Gender is required.	PC012	Member Gender	100	B
2244	15854	2011	Member Gender is required.	PC012	Member Gender	100	B
2244	67757	2012	Member Gender is required.	PC012	Member Gender	100	B
2245	24423	2008	Member Date of Birth is required.	PC013	Member Date of Birth	99	B
2245	69785	2009	Member Date of Birth is required.	PC013	Member Date of Birth	99	B

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2245	47699	2010	Member Date of Birth is required.	PC013	Member Date of Birth	99	B
2245	15922	2011	Member Date of Birth is required.	PC013	Member Date of Birth	99	B
2245	67782	2012	Member Date of Birth is required.	PC013	Member Date of Birth	99	B
2246	155332	2008	Member City Name of Residence is required.	PC014	Member City Name of Residence	99	B
2246	203315	2009	Member City Name of Residence is required.	PC014	Member City Name of Residence	99	B
2246	179541	2010	Member City Name of Residence is required.	PC014	Member City Name of Residence	99	B
2246	154328	2011	Member City Name of Residence is required.	PC014	Member City Name of Residence	99	B
2246	206183	2012	Member City Name of Residence is required.	PC014	Member City Name of Residence	99	B
2247	26339	2008	Member State is required.	PC015	Member State	99	B
2247	72156	2009	Member State is required.	PC015	Member State	99	B
2247	50047	2010	Member State is required.	PC015	Member State	99	B
2247	18357	2011	Member State is required.	PC015	Member State	99	B
2247	69857	2012	Member State is required.	PC015	Member State	99	B
2248	155754	2008	Member ZIP Code is required.	PC016	Member ZIP Code	99	B
2248	204386	2009	Member ZIP Code is required.	PC016	Member ZIP Code	99	B
2248	181321	2010	Member ZIP Code is required.	PC016	Member ZIP Code	99	B
2248	155967	2011	Member ZIP Code is required.	PC016	Member ZIP Code	99	B
2248	207683	2012	Member ZIP Code is required.	PC016	Member ZIP Code	99	B
2250	306003	2008	Pharmacy Number is required.	PC018	Pharmacy Number	98	A0
2250	257840	2009	Pharmacy Number is required.	PC018	Pharmacy Number	98	A0
2250	546199	2010	Pharmacy Number is required.	PC018	Pharmacy Number	98	A0
2250	4960944	2011	Pharmacy Number is required.	PC018	Pharmacy Number	98	A0
2250	5760380	2012	Pharmacy Number is required.	PC018	Pharmacy Number	98	A0
2251	31559302	2008	Pharmacy Tax ID Number is required.	PC019	Pharmacy Tax ID Number	20	C
2251	31460802	2009	Pharmacy Tax ID Number is required.	PC019	Pharmacy Tax ID	20	C

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					Number		
2251	30814379	2010	Pharmacy Tax ID Number is required.	PC019	Pharmacy Tax ID Number	20	C
2251	32245515	2011	Pharmacy Tax ID Number is required.	PC019	Pharmacy Tax ID Number	20	C
2251	32398820	2012	Pharmacy Tax ID Number is required.	PC019	Pharmacy Tax ID Number	20	C
2252	1516313	2008	Pharmacy Name is required.	PC020	Pharmacy Name	90	A2
2252	1231071	2009	Pharmacy Name is required.	PC020	Pharmacy Name	90	A2
2252	1129895	2010	Pharmacy Name is required.	PC020	Pharmacy Name	90	A2
2252	1074205	2011	Pharmacy Name is required.	PC020	Pharmacy Name	90	A2
2252	104780	2012	Pharmacy Name is required.	PC020	Pharmacy Name	90	A2
2253	2378839	2008	National Pharmacy ID Number is required.	PC021	National Pharmacy ID Number	98	C
2253	2570742	2009	National Pharmacy ID Number is required.	PC021	National Pharmacy ID Number	98	C
2253	2829110	2010	National Pharmacy ID Number is required.	PC021	National Pharmacy ID Number	98	C
2253	3448174	2011	National Pharmacy ID Number is required.	PC021	National Pharmacy ID Number	98	C
2253	3710796	2012	National Pharmacy ID Number is required.	PC021	National Pharmacy ID Number	98	C
2254	2570424	2008	Pharmacy Location City is required.	PC022	Pharmacy Location City	85	B
2254	2584329	2009	Pharmacy Location City is required.	PC022	Pharmacy Location City	85	B
2254	2516540	2010	Pharmacy Location City is required.	PC022	Pharmacy Location City	85	B
2254	3633394	2011	Pharmacy Location City is required.	PC022	Pharmacy Location City	85	B
2254	2449401	2012	Pharmacy Location City is required.	PC022	Pharmacy Location City	85	B
2255	5990508	2008	Pharmacy Location State is required.	PC023	Pharmacy Location State	90	B
2255	3057082	2009	Pharmacy Location State is required.	PC023	Pharmacy Location State	90	B

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2255	2627554	2010	Pharmacy Location State is required.	PC023	Pharmacy Location State	90	B
2255	3016901	2011	Pharmacy Location State is required.	PC023	Pharmacy Location State	90	B
2255	2704903	2012	Pharmacy Location State is required.	PC023	Pharmacy Location State	90	B
2256	2777974	2008	Pharmacy ZIP Code is required.	PC024	Pharmacy ZIP Code	90	B
2256	2812967	2009	Pharmacy ZIP Code is required.	PC024	Pharmacy ZIP Code	90	B
2256	2781066	2010	Pharmacy ZIP Code is required.	PC024	Pharmacy ZIP Code	90	B
2256	3136949	2011	Pharmacy ZIP Code is required.	PC024	Pharmacy ZIP Code	90	B
2256	2426849	2012	Pharmacy ZIP Code is required.	PC024	Pharmacy ZIP Code	90	B
2257	1604465	2008	Pharmacy Country Code is required.	PC024A	Pharmacy Country Code	90	B
2257	1551659	2009	Pharmacy Country Code is required.	PC024A	Pharmacy Country Code	90	B
2257	1405929	2010	Pharmacy Country Code is required.	PC024A	Pharmacy Country Code	90	B
2257	1817963	2011	Pharmacy Country Code is required.	PC024A	Pharmacy Country Code	90	B
2257	2259074	2012	Pharmacy Country Code is required.	PC024A	Pharmacy Country Code	90	B
2258	8841625	2008	Claim Status is required.	PC025	Claim Status	65	A0
2258	887	2009	Claim Status is required.	PC025	Claim Status	65	A0
2258	795	2010	Claim Status is required.	PC025	Claim Status	65	A0
2258	899	2011	Claim Status is required.	PC025	Claim Status	65	A0
2258	332	2012	Claim Status is required.	PC025	Claim Status	65	A0
2259	209	2008	Drug Code is required.	PC026	Drug Code	90	A0
2259	5362	2009	Drug Code is required.	PC026	Drug Code	90	A0
2259	743	2010	Drug Code is required.	PC026	Drug Code	90	A0
2259	144	2011	Drug Code is required.	PC026	Drug Code	90	A0
2259	69	2012	Drug Code is required.	PC026	Drug Code	90	A0
2260	116554	2008	Drug Name is required.	PC027	Drug Name	95	C
2260	45689	2009	Drug Name is required.	PC027	Drug Name	95	C
2260	12384	2010	Drug Name is required.	PC027	Drug Name	95	C



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2260	12708	2011	Drug Name is required.	PC027	Drug Name	95	C
2260	52891	2012	Drug Name is required.	PC027	Drug Name	95	C
2261	618	2008	New Prescription or Refill is required.	PC028	New Prescription or Refill	99	A0
2261	6354	2009	New Prescription or Refill is required.	PC028	New Prescription or Refill	99	A0
2261	2361	2010	New Prescription or Refill is required.	PC028	New Prescription or Refill	99	A0
2261	6327	2011	New Prescription or Refill is required.	PC028	New Prescription or Refill	99	A0
2261	8897	2012	New Prescription or Refill is required.	PC028	New Prescription or Refill	99	A0
2262	11221	2008	Generic Drug Indicator is required.	PC029	Generic Drug Indicator	100	B
2262	1985	2009	Generic Drug Indicator is required.	PC029	Generic Drug Indicator	100	B
2262	163	2012	Generic Drug Indicator is required.	PC029	Generic Drug Indicator	100	B
2263	334892	2008	Dispense as Written Code is required.	PC030	Dispense as Written Code	98	C
2263	48605	2009	Dispense as Written Code is required.	PC030	Dispense as Written Code	98	C
2263	27504	2010	Dispense as Written Code is required.	PC030	Dispense as Written Code	98	C
2263	29142	2011	Dispense as Written Code is required.	PC030	Dispense as Written Code	98	C
2263	5022	2012	Dispense as Written Code is required.	PC030	Dispense as Written Code	98	C
2264	7492930	2008	Compound Drug Indicator is required.	PC031	Compound Drug Indicator	98	C
2264	7799969	2009	Compound Drug Indicator is required.	PC031	Compound Drug Indicator	98	C
2264	8246016	2010	Compound Drug Indicator is required.	PC031	Compound Drug Indicator	98	C
2264	8222334	2011	Compound Drug Indicator is required.	PC031	Compound Drug Indicator	98	C
2264	82275	2012	Compound Drug Indicator is required.	PC031	Compound Drug Indicator	98	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2266	165477	2008	Quantity Dispensed is required.	PC033	Quantity Dispensed	99	A1
2266	98286	2009	Quantity Dispensed is required.	PC033	Quantity Dispensed	99	A1
2266	72579	2010	Quantity Dispensed is required.	PC033	Quantity Dispensed	99	A1
2266	94448	2011	Quantity Dispensed is required.	PC033	Quantity Dispensed	99	A1
2266	89153	2012	Quantity Dispensed is required.	PC033	Quantity Dispensed	99	A1
2267	138012	2008	Days Supply is required.	PC034	Days Supply	99	A2
2267	73222	2009	Days Supply is required.	PC034	Days Supply	99	A2
2267	54299	2010	Days Supply is required.	PC034	Days Supply	99	A2
2267	79604	2011	Days Supply is required.	PC034	Days Supply	99	A2
2267	56090	2012	Days Supply is required.	PC034	Days Supply	99	A2
2268	3528712	2008	Charge Amount is required.	PC035	Charge Amount	99	A0
2268	4056805	2009	Charge Amount is required.	PC035	Charge Amount	99	A0
2268	4043427	2010	Charge Amount is required.	PC035	Charge Amount	99	A0
2268	3998547	2011	Charge Amount is required.	PC035	Charge Amount	99	A0
2268	3944021	2012	Charge Amount is required.	PC035	Charge Amount	99	A0
2270	10943128	2008	Ingredient Cost/List Price is required.	PC037	Ingredient Cost/List Price	99	A1
2270	11445751	2009	Ingredient Cost/List Price is required.	PC037	Ingredient Cost/List Price	99	A1
2270	13284139	2010	Ingredient Cost/List Price is required.	PC037	Ingredient Cost/List Price	99	A1
2270	13216206	2011	Ingredient Cost/List Price is required.	PC037	Ingredient Cost/List Price	99	A1
2270	13565338	2012	Ingredient Cost/List Price is required.	PC037	Ingredient Cost/List Price	99	A1
2271	78203578	2008	Postage Amount Claimed is required.	PC038	Postage Amount Claimed	99	C
2271	77259969	2009	Postage Amount Claimed is required.	PC038	Postage Amount Claimed	99	C
2271	45166661	2010	Postage Amount Claimed is required.	PC038	Postage Amount Claimed	99	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2271	49091863	2011	Postage Amount Claimed is required.	PC038	Postage Amount Claimed	99	C
2271	50516039	2012	Postage Amount Claimed is required.	PC038	Postage Amount Claimed	99	C
2272	585	2008	Dispensing Fee is required.	PC039	Dispensing Fee	99	A1
2272	972	2009	Dispensing Fee is required.	PC039	Dispensing Fee	99	A1
2272	592	2010	Dispensing Fee is required.	PC039	Dispensing Fee	99	A1
2272	1357	2011	Dispensing Fee is required.	PC039	Dispensing Fee	99	A1
2272	2579	2012	Dispensing Fee is required.	PC039	Dispensing Fee	99	A1
2273	346	2008	Copay Amount is required.	PC040	Copay Amount	99	A1
2273	164	2009	Copay Amount is required.	PC040	Copay Amount	99	A1
2273	2598	2010	Copay Amount is required.	PC040	Copay Amount	99	A1
2273	12458	2011	Copay Amount is required.	PC040	Copay Amount	99	A1
2273	14767	2012	Copay Amount is required.	PC040	Copay Amount	99	A1
2274	11594585	2008	Coinsurance Amount is required.	PC041	Coinsurance Amount	99	A1
2274	12374106	2009	Coinsurance Amount is required.	PC041	Coinsurance Amount	99	A1
2274	14361444	2010	Coinsurance Amount is required.	PC041	Coinsurance Amount	99	A1
2274	14711272	2011	Coinsurance Amount is required.	PC041	Coinsurance Amount	99	A1
2274	15133016	2012	Coinsurance Amount is required.	PC041	Coinsurance Amount	99	A1
2275	11188090	2008	Deductible Amount is required.	PC042	Deductible Amount	99	A1
2275	11770426	2009	Deductible Amount is required.	PC042	Deductible Amount	99	A1
2275	13619581	2010	Deductible Amount is required.	PC042	Deductible Amount	99	A1
2275	13580625	2011	Deductible Amount is required.	PC042	Deductible Amount	99	A1
2275	13869663	2012	Deductible Amount is required.	PC042	Deductible Amount	99	A1
2276	11440585	2008	Prescribing ProviderID is required.	PC043	Prescribing ProviderID	80	A0
2276	9905482	2009	Prescribing ProviderID is required.	PC043	Prescribing ProviderID	80	A0
2276	7552869	2010	Prescribing ProviderID is required.	PC043	Prescribing	80	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					ProviderID		
2276	8319961	2011	Prescribing ProviderID is required.	PC043	Prescribing ProviderID	80	A0
2276	9451516	2012	Prescribing ProviderID is required.	PC043	Prescribing ProviderID	80	A0
2289	1530409	2008	Product ID Number is required.	PC056	Product ID Number	100	A0
2289	7219810	2009	Product ID Number is required.	PC056	Product ID Number	100	A0
2289	1695079	2010	Product ID Number is required.	PC056	Product ID Number	100	A0
2289	527608	2011	Product ID Number is required.	PC056	Product ID Number	100	A0
2289	579613	2012	Product ID Number is required.	PC056	Product ID Number	100	A0
2290	404	2008	Mail Order Pharmacy is required.	PC057	Mail Order Pharmacy	100	B
2290	804	2009	Mail Order Pharmacy is required.	PC057	Mail Order Pharmacy	100	B
2290	291	2010	Mail Order Pharmacy is required.	PC057	Mail Order Pharmacy	100	B
2290	426	2011	Mail Order Pharmacy is required.	PC057	Mail Order Pharmacy	100	B
2290	1657	2012	Mail Order Pharmacy is required.	PC057	Mail Order Pharmacy	100	B
2291	9764565	2008	Script Number is required.	PC058	Script Number	100	B
2291	11168036	2009	Script Number is required.	PC058	Script Number	100	B
2291	11836014	2010	Script Number is required.	PC058	Script Number	100	B
2291	10888151	2011	Script Number is required.	PC058	Script Number	100	B
2291	5196209	2012	Script Number is required.	PC058	Script Number	100	B
2292	91325269	2008	Recipient PCP ID is required.	PC059	Recipient PCP ID	98	B
2292	92604314	2009	Recipient PCP ID is required.	PC059	Recipient PCP ID	98	B
2292	62041695	2010	Recipient PCP ID is required.	PC059	Recipient PCP ID	98	B
2292	70856160	2011	Recipient PCP ID is required.	PC059	Recipient PCP ID	98	B
2292	63101020	2012	Recipient PCP ID is required.	PC059	Recipient PCP ID	98	B
2293	3336	2008	Single/Multiple Source Indicator is required.	PC060	Single/Multiple Source Indicator	90	B
2293	3454	2009	Single/Multiple Source Indicator is required.	PC060	Single/Multiple Source Indicator	90	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2293	2789	2010	Single/Multiple Source Indicator is required.	PC060	Single/Multiple Source Indicator	90	B
2293	2964	2011	Single/Multiple Source Indicator is required.	PC060	Single/Multiple Source Indicator	90	B
2293	3043	2012	Single/Multiple Source Indicator is required.	PC060	Single/Multiple Source Indicator	90	B
2294	3517276	2008	Member Street Address is required.	PC061	Member Street Address	90	B
2294	680274	2009	Member Street Address is required.	PC061	Member Street Address	90	B
2294	372538	2010	Member Street Address is required.	PC061	Member Street Address	90	B
2294	400475	2011	Member Street Address is required.	PC061	Member Street Address	90	B
2294	772652	2012	Member Street Address is required.	PC061	Member Street Address	90	B
2295	39188423	2008	Billing Provider Tax ID Number is required.	PC062	Billing Provider Tax ID Number	90	C
2295	37961133	2009	Billing Provider Tax ID Number is required.	PC062	Billing Provider Tax ID Number	90	C
2295	36932264	2010	Billing Provider Tax ID Number is required.	PC062	Billing Provider Tax ID Number	90	C
2295	39306545	2011	Billing Provider Tax ID Number is required.	PC062	Billing Provider Tax ID Number	90	C
2295	38519632	2012	Billing Provider Tax ID Number is required.	PC062	Billing Provider Tax ID Number	90	C
2296	245	2010	Paid Date is required.	PC063	Paid Date	99	A0
2296	498	2011	Paid Date is required.	PC063	Paid Date	99	A0
2296	448	2012	Paid Date is required.	PC063	Paid Date	99	A0
2297	41015045	2008	Date Prescription Written is required.	PC064	Date Prescription Written	80	B
2297	41646162	2009	Date Prescription Written is required.	PC064	Date Prescription Written	80	B
2297	36640132	2010	Date Prescription Written is required.	PC064	Date Prescription Written	80	B
2297	35234435	2011	Date Prescription Written is required.	PC064	Date Prescription Written	80	B

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2297	35433319	2012	Date Prescription Written is required.	PC064	Date Prescription Written	80	B
2299	335183	2008	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.	PC066	Other Insurance Paid Amount	90	A2
2299	287216	2009	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.	PC066	Other Insurance Paid Amount	90	A2
2299	230960	2010	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.	PC066	Other Insurance Paid Amount	90	A2
2299	559407	2011	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.	PC066	Other Insurance Paid Amount	90	A2
2299	1672064	2012	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.	PC066	Other Insurance Paid Amount	90	A2
2301	1728115	2008	Allowed Amount is required when PC025 is 04 or 22.	PC068	Allowed Amount	99	A2
2301	2191615	2009	Allowed Amount is required when PC025 is 04 or 22.	PC068	Allowed Amount	99	A2
2301	2749742	2010	Allowed Amount is required when PC025 is 04 or 22.	PC068	Allowed Amount	99	A2
2301	3601860	2011	Allowed Amount is required when PC025 is 04 or 22.	PC068	Allowed Amount	99	A2
2301	3076853	2012	Allowed Amount is required when PC025 is 04 or 22.	PC068	Allowed Amount	99	A2
2303	18740022	2008	Rebate Indicator is required.	PC070	Rebate Indicator	85	B
2303	17913594	2009	Rebate Indicator is required.	PC070	Rebate Indicator	85	B
2303	16411754	2010	Rebate Indicator is required.	PC070	Rebate Indicator	85	B
2303	15737570	2011	Rebate Indicator is required.	PC070	Rebate Indicator	85	B
2303	1887604	2012	Rebate Indicator is required.	PC070	Rebate Indicator	85	B
2306	800598	2008	Formulary Code is required.	PC073	Formulary Code	90	A0
2306	804	2009	Formulary Code is required.	PC073	Formulary Code	90	A0
2306	6773	2010	Formulary Code is required.	PC073	Formulary Code	90	A0
2306	25833	2011	Formulary Code is required.	PC073	Formulary Code	90	A0
2306	17287	2012	Formulary Code is required.	PC073	Formulary Code	90	A0
2307	10483343	2008	Route of Administration is required.	PC074	Route of Administration	80	B
2307	11596054	2009	Route of Administration is required.	PC074	Route of Administration	80	B
2307	12255853	2010	Route of Administration is required.	PC074	Route of Administration	80	B
2307	11702199	2011	Route of Administration is required.	PC074	Route of	80	B

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					Administration		
2307	5570822	2012	Route of Administration is required.	PC074	Route of Administration	80	B
2308	22581962	2008	Drug Unit of Measure is required.	PC075	Drug Unit of Measure	80	A1
2308	31296434	2009	Drug Unit of Measure is required.	PC075	Drug Unit of Measure	80	A1
2308	39372198	2010	Drug Unit of Measure is required.	PC075	Drug Unit of Measure	80	A1
2308	37446623	2011	Drug Unit of Measure is required.	PC075	Drug Unit of Measure	80	A1
2308	30476266	2012	Drug Unit of Measure is required.	PC075	Drug Unit of Measure	80	A1
2309	237830	2008	Subscriber Last Name is required.	PC101	Subscriber Last Name	98	B
2309	311414	2009	Subscriber Last Name is required.	PC101	Subscriber Last Name	98	B
2309	134131	2010	Subscriber Last Name is required.	PC101	Subscriber Last Name	98	B
2309	163496	2011	Subscriber Last Name is required.	PC101	Subscriber Last Name	98	B
2309	280256	2012	Subscriber Last Name is required.	PC101	Subscriber Last Name	98	B
2310	131146	2008	Subscriber First Name is required.	PC102	Subscriber First Name	98	B
2310	184787	2009	Subscriber First Name is required.	PC102	Subscriber First Name	98	B
2310	176032	2010	Subscriber First Name is required.	PC102	Subscriber First Name	98	B
2310	207238	2011	Subscriber First Name is required.	PC102	Subscriber First Name	98	B
2310	280031	2012	Subscriber First Name is required.	PC102	Subscriber First Name	98	B
2312	25141	2008	Member Last Name is required.	PC104	Member Last Name	98	B
2312	70627	2009	Member Last Name is required.	PC104	Member Last Name	98	B
2312	47810	2010	Member Last Name is required.	PC104	Member Last	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Name		
2312	17735	2011	Member Last Name is required.	PC104	Member Last Name	98	B
2312	68160	2012	Member Last Name is required.	PC104	Member Last Name	98	B
2313	76214	2008	Member First Name is required.	PC105	Member First Name	98	B
2313	123064	2009	Member First Name is required.	PC105	Member First Name	98	B
2313	103227	2010	Member First Name is required.	PC105	Member First Name	98	B
2313	61579	2011	Member First Name is required.	PC105	Member First Name	98	B
2313	67911	2012	Member First Name is required.	PC105	Member First Name	98	B
2315	34815	2008	Carrier Specific UniqueID is required.	PC107	Carrier Specific UniqueID	100	A0
2315	75522	2009	Carrier Specific UniqueID is required.	PC107	Carrier Specific UniqueID	100	A0
2315	50080	2010	Carrier Specific UniqueID is required.	PC107	Carrier Specific UniqueID	100	A0
2315	17517	2011	Carrier Specific UniqueID is required.	PC107	Carrier Specific UniqueID	100	A0
2315	68114	2012	Carrier Specific UniqueID is required.	PC107	Carrier Specific UniqueID	100	A0
2316	80026	2008	Carrier Specific Unique Subscriber ID is required.	PC108	Carrier Specific Unique Subscriber ID	100	A0
2316	129117	2009	Carrier Specific Unique Subscriber ID is required.	PC108	Carrier Specific Unique Subscriber ID	100	A0
2316	118545	2010	Carrier Specific Unique Subscriber ID is required.	PC108	Carrier Specific Unique Subscriber ID	100	A0
2316	160621	2011	Carrier Specific Unique Subscriber ID is required.	PC108	Carrier Specific Unique Subscriber ID	100	A0
2316	279069	2012	Carrier Specific Unique Subscriber ID is required.	PC108	Carrier Specific	100	A0



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Unique Subscriber ID		
2318	386075	2008	Claim Line Type is required.	PC110	Claim Line Type	90	A0
2318	603943	2009	Claim Line Type is required.	PC110	Claim Line Type	90	A0
2318	561487	2010	Claim Line Type is required.	PC110	Claim Line Type	90	A0
2318	564420	2011	Claim Line Type is required.	PC110	Claim Line Type	90	A0
2318	542354	2012	Claim Line Type is required.	PC110	Claim Line Type	90	A0
2323	190	2011	Dental Insurance Type Code/Product is required.	DC003	Dental Insurance Type Code/Product	98	C
2323	9346	2012	Dental Insurance Type Code/Product is required.	DC003	Dental Insurance Type Code/Product	98	C
2326	4431110	2008	Version Number is required.	DC005A	Version Number	100	A0
2326	4954779	2009	Version Number is required.	DC005A	Version Number	100	A0
2326	5344441	2010	Version Number is required.	DC005A	Version Number	100	A0
2326	4509705	2011	Version Number is required.	DC005A	Version Number	100	A0
2326	4732054	2012	Version Number is required.	DC005A	Version Number	100	A0
2327	4596863	2008	Insured Group or Policy Number is required.	DC006	Insured Group or Policy Number	98	C
2327	5127817	2009	Insured Group or Policy Number is required.	DC006	Insured Group or Policy Number	98	C
2327	5450902	2010	Insured Group or Policy Number is required.	DC006	Insured Group or Policy Number	98	C
2327	4605106	2011	Insured Group or Policy Number is required.	DC006	Insured Group or Policy Number	98	C
2327	4861877	2012	Insured Group or Policy Number is required.	DC006	Insured Group or Policy Number	98	C
2328	409704	2008	Subscriber SSN is required.	DC007	Subscriber SSN	70	B
2328	465823	2009	Subscriber SSN is required.	DC007	Subscriber SSN	70	B
2328	475278	2010	Subscriber SSN is required.	DC007	Subscriber SSN	70	B
2328	377662	2011	Subscriber SSN is required.	DC007	Subscriber SSN	70	B
2328	370606	2012	Subscriber SSN is required.	DC007	Subscriber SSN	70	B
2329	5216375	2008	Plan Specific Contract Number is required.	DC008	Plan Specific Contract Number	70	C
2329	5724695	2009	Plan Specific Contract Number is required.	DC008	Plan Specific	70	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Contract Number		
2329	6088806	2010	Plan Specific Contract Number is required.	DC008	Plan Specific Contract Number	70	C
2329	5248363	2011	Plan Specific Contract Number is required.	DC008	Plan Specific Contract Number	70	C
2329	5498552	2012	Plan Specific Contract Number is required.	DC008	Plan Specific Contract Number	70	C
2330	4459414	2008	Member Suffix or Sequence Number is required.	DC009	Member Suffix or Sequence Number	98	B
2330	4939780	2009	Member Suffix or Sequence Number is required.	DC009	Member Suffix or Sequence Number	98	B
2330	5322668	2010	Member Suffix or Sequence Number is required.	DC009	Member Suffix or Sequence Number	98	B
2330	4507393	2011	Member Suffix or Sequence Number is required.	DC009	Member Suffix or Sequence Number	98	B
2330	4732207	2012	Member Suffix or Sequence Number is required.	DC009	Member Suffix or Sequence Number	98	B
2331	2535293	2008	Member Identification Code is required.	DC010	Member Identification Code	70	B
2331	3785022	2009	Member Identification Code is required.	DC010	Member Identification Code	70	B
2331	5879842	2010	Member Identification Code is required.	DC010	Member Identification Code	70	B
2331	6005725	2011	Member Identification Code is required.	DC010	Member Identification Code	70	B
2331	5982651	2012	Member Identification Code is required.	DC010	Member Identification Code	70	B
2332	19	2010	Individual Relationship Code is required.	DC011	Individual Relationship Code	98	B
2332	11	2011	Individual Relationship Code is required.	DC011	Individual Relationship Code	98	B
2332	57	2012	Individual Relationship Code is required.	DC011	Individual Relationship Code	98	B
2333	47	2008	Member Gender is required.	DC012	Member Gender	100	B
2333	102	2009	Member Gender is required.	DC012	Member Gender	100	B
2333	332	2010	Member Gender is required.	DC012	Member Gender	100	B
2333	46	2011	Member Gender is required.	DC012	Member Gender	100	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2333	75	2012	Member Gender is required.	DC012	Member Gender	100	B
2334	139	2008	Member Date of Birth is required.	DC013	Member Date of Birth	99	B
2334	97	2009	Member Date of Birth is required.	DC013	Member Date of Birth	99	B
2334	114	2010	Member Date of Birth is required.	DC013	Member Date of Birth	99	B
2334	84	2011	Member Date of Birth is required.	DC013	Member Date of Birth	99	B
2334	305	2012	Member Date of Birth is required.	DC013	Member Date of Birth	99	B
2335	59270	2008	Member City Name is required.	DC014	Member City Name	99	B
2335	117716	2009	Member City Name is required.	DC014	Member City Name	99	B
2335	115746	2010	Member City Name is required.	DC014	Member City Name	99	B
2335	117978	2011	Member City Name is required.	DC014	Member City Name	99	B
2335	112040	2012	Member City Name is required.	DC014	Member City Name	99	B
2336	47	2008	Member State or Province is required.	DC015	Member State or Province	99	B
2336	48	2009	Member State or Province is required.	DC015	Member State or Province	99	B
2336	159	2010	Member State or Province is required.	DC015	Member State or Province	99	B
2336	545	2011	Member State or Province is required.	DC015	Member State or Province	99	B
2336	871	2012	Member State or Province is required.	DC015	Member State or Province	99	B
2337	47418	2008	Member ZIP Code is required.	DC016	Member ZIP Code	99	B
2337	47365	2009	Member ZIP Code is required.	DC016	Member ZIP Code	99	B
2337	46779	2010	Member ZIP Code is required.	DC016	Member ZIP Code	99	B
2337	48336	2011	Member ZIP Code is required.	DC016	Member ZIP Code	99	B
2337	48003	2012	Member ZIP Code is required.	DC016	Member ZIP Code	99	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2338	22887	2008	Date Service Approved (AP Date) is required.	DC017	Date Service Approved (AP Date)	98	C
2338	41039	2009	Date Service Approved (AP Date) is required.	DC017	Date Service Approved (AP Date)	98	C
2338	23309	2010	Date Service Approved (AP Date) is required.	DC017	Date Service Approved (AP Date)	98	C
2338	20050	2011	Date Service Approved (AP Date) is required.	DC017	Date Service Approved (AP Date)	98	C
2338	7	2012	Date Service Approved (AP Date) is required.	DC017	Date Service Approved (AP Date)	98	C
2339	18856	2008	Service Provider Number is required.	DC018	Service Provider Number	100	A1
2339	15669	2009	Service Provider Number is required.	DC018	Service Provider Number	100	A1
2339	14059	2010	Service Provider Number is required.	DC018	Service Provider Number	100	A1
2339	12418	2011	Service Provider Number is required.	DC018	Service Provider Number	100	A1
2339	13154	2012	Service Provider Number is required.	DC018	Service Provider Number	100	A1
2340	140266	2008	Service Provider Tax ID Number is required.	DC019	Service Provider Tax ID Number	99	C
2340	136476	2009	Service Provider Tax ID Number is required.	DC019	Service Provider Tax ID Number	99	C
2340	101275	2010	Service Provider Tax ID Number is required.	DC019	Service Provider Tax ID Number	99	C
2340	67163	2011	Service Provider Tax ID Number is required.	DC019	Service Provider Tax ID Number	99	C
2340	81482	2012	Service Provider Tax ID Number is required.	DC019	Service Provider Tax ID Number	99	C
2341	3263169	2008	National Service Provider ID is required.	DC020	National Service Provider ID	98	C
2341	3501597	2009	National Service Provider ID is required.	DC020	National Service	98	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Provider ID		
2341	3635479	2010	National Service Provider ID is required.	DC020	National Service Provider ID	98	C
2341	3175192	2011	National Service Provider ID is required.	DC020	National Service Provider ID	98	C
2341	3558666	2012	National Service Provider ID is required.	DC020	National Service Provider ID	98	C
2342	13717	2008	Service Provider Entity Type Qualifier is required.	DC021	Service Provider Entity Type Qualifier	98	A0
2342	10801	2009	Service Provider Entity Type Qualifier is required.	DC021	Service Provider Entity Type Qualifier	98	A0
2342	9763	2010	Service Provider Entity Type Qualifier is required.	DC021	Service Provider Entity Type Qualifier	98	A0
2342	9219	2011	Service Provider Entity Type Qualifier is required.	DC021	Service Provider Entity Type Qualifier	98	A0
2342	11685	2012	Service Provider Entity Type Qualifier is required.	DC021	Service Provider Entity Type Qualifier	98	A0
2345	26746	2008	Service Provider Last Name or Organization Name is required.	DC024	Service Provider Last Name or Organization Name	98	B
2345	15837	2009	Service Provider Last Name or Organization Name is required.	DC024	Service Provider Last Name or Organization Name	98	B
2345	13478	2010	Service Provider Last Name or Organization Name is required.	DC024	Service Provider Last Name or Organization Name	98	B
2345	9937	2011	Service Provider Last Name or Organization Name is required.	DC024	Service Provider Last Name or Organization Name	98	B
2345	13015	2012	Service Provider Last Name or Organization Name is required.	DC024	Service Provider Last Name or Organization Name	98	B
2347	175155	2008	Service Provider Specialty is required.	DC026	Service Provider	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Specialty		
2347	979985	2009	Service Provider Specialty is required.	DC026	Service Provider Specialty	98	B
2347	2934256	2010	Service Provider Specialty is required.	DC026	Service Provider Specialty	98	B
2347	3025846	2011	Service Provider Specialty is required.	DC026	Service Provider Specialty	98	B
2347	3182396	2012	Service Provider Specialty is required.	DC026	Service Provider Specialty	98	B
2348	62313	2008	Service Provider City Name is required.	DC027	Service Provider City Name	98	B
2348	18433	2009	Service Provider City Name is required.	DC027	Service Provider City Name	98	B
2348	16911	2010	Service Provider City Name is required.	DC027	Service Provider City Name	98	B
2348	14434	2011	Service Provider City Name is required.	DC027	Service Provider City Name	98	B
2348	18794	2012	Service Provider City Name is required.	DC027	Service Provider City Name	98	B
2349	62356	2008	Service Provider State is required.	DC028	Service Provider State	98	B
2349	19536	2009	Service Provider State is required.	DC028	Service Provider State	98	B
2349	20815	2010	Service Provider State is required.	DC028	Service Provider State	98	B
2349	19144	2011	Service Provider State is required.	DC028	Service Provider State	98	B
2349	18748	2012	Service Provider State is required.	DC028	Service Provider State	98	B
2350	60235	2008	Service Provider ZIP Code is required.	DC029	Service Provider ZIP Code	98	B
2350	16594	2009	Service Provider ZIP Code is required.	DC029	Service Provider ZIP Code	98	B
2350	14710	2010	Service Provider ZIP Code is required.	DC029	Service Provider ZIP Code	98	B
2350	12685	2011	Service Provider ZIP Code is required.	DC029	Service Provider ZIP Code	98	B
2350	17398	2012	Service Provider ZIP Code is required.	DC029	Service Provider	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					ZIP Code		
2351	594297	2008	Facility Type - Professional is required.	DC030	Facility Type - Professional	80	B
2351	1466202	2009	Facility Type - Professional is required.	DC030	Facility Type - Professional	80	B
2351	3473092	2010	Facility Type - Professional is required.	DC030	Facility Type - Professional	80	B
2351	3607984	2011	Facility Type - Professional is required.	DC030	Facility Type - Professional	80	B
2351	3814986	2012	Facility Type - Professional is required.	DC030	Facility Type - Professional	80	B
2352	1392	2008	Claim Status is required.	DC031	Claim Status	90	A0
2352	899	2009	Claim Status is required.	DC031	Claim Status	90	A0
2352	839	2010	Claim Status is required.	DC031	Claim Status	90	A0
2352	712	2011	Claim Status is required.	DC031	Claim Status	90	A0
2353	197	2008	CDT Code is required.	DC032	CDT Code	99	A2
2353	111	2009	CDT Code is required.	DC032	CDT Code	99	A2
2353	55	2010	CDT Code is required.	DC032	CDT Code	99	A2
2353	67	2011	CDT Code is required.	DC032	CDT Code	99	A2
2353	93	2012	CDT Code is required.	DC032	CDT Code	99	A2
2356	12	2009	Date of Service - From is required.	DC035	Date of Service - From	99	A0
2356	3	2011	Date of Service - From is required.	DC035	Date of Service - From	99	A0
2356	11	2012	Date of Service - From is required.	DC035	Date of Service - From	99	A0
2358	1997	2008	Charge Amount is required.	DC037	Charge Amount	99	A0
2358	554	2009	Charge Amount is required.	DC037	Charge Amount	99	A0
2358	541	2010	Charge Amount is required.	DC037	Charge Amount	99	A0
2358	955	2011	Charge Amount is required.	DC037	Charge Amount	99	A0
2358	1197	2012	Charge Amount is required.	DC037	Charge Amount	99	A0
2360	2902	2008	Copay Amount is required.	DC039	Copay Amount	99	A1
2360	2613	2009	Copay Amount is required.	DC039	Copay Amount	99	A1
2360	1563	2010	Copay Amount is required.	DC039	Copay Amount	99	A1

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2360	1326	2011	Copay Amount is required.	DC039	Copay Amount	99	A1
2360	1285	2012	Copay Amount is required.	DC039	Copay Amount	99	A1
2361	4420496	2008	Coinsurance Amount is required.	DC040	Coinsurance Amount	99	A1
2361	4902231	2009	Coinsurance Amount is required.	DC040	Coinsurance Amount	99	A1
2361	5286811	2010	Coinsurance Amount is required.	DC040	Coinsurance Amount	99	A1
2361	4497415	2011	Coinsurance Amount is required.	DC040	Coinsurance Amount	99	A1
2361	4732054	2012	Coinsurance Amount is required.	DC040	Coinsurance Amount	99	A1
2362	4420438	2008	Deductible Amount is required.	DC041	Deductible Amount	99	A1
2362	4902192	2009	Deductible Amount is required.	DC041	Deductible Amount	99	A1
2362	5286783	2010	Deductible Amount is required.	DC041	Deductible Amount	99	A1
2362	4497416	2011	Deductible Amount is required.	DC041	Deductible Amount	99	A1
2362	4732054	2012	Deductible Amount is required.	DC041	Deductible Amount	99	A1
2363	28869	2008	Product ID Number is required.	DC042	Product ID Number	100	A0
2363	108189	2009	Product ID Number is required.	DC042	Product ID Number	100	A0
2363	97895	2010	Product ID Number is required.	DC042	Product ID Number	100	A0
2363	87472	2011	Product ID Number is required.	DC042	Product ID Number	100	A0
2363	77359	2012	Product ID Number is required.	DC042	Product ID Number	100	A0
2364	695352	2008	Member Street Address is required.	DC043	Member Street Address	90	B
2364	501638	2009	Member Street Address is required.	DC043	Member Street Address	90	B
2364	133674	2010	Member Street Address is required.	DC043	Member Street Address	90	B
2364	127911	2011	Member Street Address is required.	DC043	Member Street Address	90	B
2364	129569	2012	Member Street Address is required.	DC043	Member Street Address	90	B
2365	204876	2008	Billing Provider Tax ID Number is required.	DC044	Billing Provider Tax ID Number	90	C
2365	195791	2009	Billing Provider Tax ID Number is required.	DC044	Billing Provider Tax	90	C



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					ID Number		
2365	160943	2010	Billing Provider Tax ID Number is required.	DC044	Billing Provider Tax ID Number	90	C
2365	580977	2011	Billing Provider Tax ID Number is required.	DC044	Billing Provider Tax ID Number	90	C
2365	2702944	2012	Billing Provider Tax ID Number is required.	DC044	Billing Provider Tax ID Number	90	C
2366	207	2008	Paid Date is required.	DC045	Paid Date	98	A0
2366	266	2009	Paid Date is required.	DC045	Paid Date	98	A0
2366	124	2010	Paid Date is required.	DC045	Paid Date	98	A0
2367	7	2009	Allowed Amount is required when Claim Status (DC031) = 04 or 22.	DC046	Allowed Amount	99	A2
2371	1	2011	Subscriber Last Name is required.	DC050	Subscriber Last Name	100	B
2372	11	2008	Subscriber First Name is required.	DC051	Subscriber First Name	100	B
2372	4	2009	Subscriber First Name is required.	DC051	Subscriber First Name	100	B
2372	10	2010	Subscriber First Name is required.	DC051	Subscriber First Name	100	B
2372	13	2011	Subscriber First Name is required.	DC051	Subscriber First Name	100	B
2372	10	2012	Subscriber First Name is required.	DC051	Subscriber First Name	100	B
2374	18324	2008	Member Last Name is required.	DC053	Member Last Name	100	B
2374	23155	2009	Member Last Name is required.	DC053	Member Last Name	100	B
2374	35800	2010	Member Last Name is required.	DC053	Member Last Name	100	B
2374	18695	2011	Member Last Name is required.	DC053	Member Last Name	100	B
2374	41	2012	Member Last Name is required.	DC053	Member Last Name	100	B
2375	18592	2008	Member First Name is required.	DC054	Member First Name	100	B
2375	17754	2009	Member First Name is required.	DC054	Member First Name	100	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2375	16813	2010	Member First Name is required.	DC054	Member First Name	100	B
2375	4433	2011	Member First Name is required.	DC054	Member First Name	100	B
2375	99	2012	Member First Name is required.	DC054	Member First Name	100	B
2376	5826605	2008	Member Middle Initial is required.	DC055	Member Middle Initial	2	C
2376	7219801	2009	Member Middle Initial is required.	DC055	Member Middle Initial	2	C
2376	9504633	2010	Member Middle Initial is required.	DC055	Member Middle Initial	2	C
2376	9348236	2011	Member Middle Initial is required.	DC055	Member Middle Initial	2	C
2376	9586594	2012	Member Middle Initial is required.	DC055	Member Middle Initial	2	C
2377	15890	2008	Carrier Specific Unique Member ID is required.	DC056	Carrier Specific Unique Member ID	100	A0
2377	14906	2009	Carrier Specific Unique Member ID is required.	DC056	Carrier Specific Unique Member ID	100	A0
2377	12471	2010	Carrier Specific Unique Member ID is required.	DC056	Carrier Specific Unique Member ID	100	A0
2377	12538	2011	Carrier Specific Unique Member ID is required.	DC056	Carrier Specific Unique Member ID	100	A0
2377	12028	2012	Carrier Specific Unique Member ID is required.	DC056	Carrier Specific Unique Member ID	100	A0
2378	15890	2008	Carrier Specific Unique Subscriber ID is required.	DC057	Carrier Specific Unique Subscriber ID	100	A0
2378	14906	2009	Carrier Specific Unique Subscriber ID is required.	DC057	Carrier Specific Unique Subscriber ID	100	A0
2378	12471	2010	Carrier Specific Unique Subscriber ID is required.	DC057	Carrier Specific Unique Subscriber ID	100	A0
2378	12538	2011	Carrier Specific Unique Subscriber ID is required.	DC057	Carrier Specific Unique Subscriber ID	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2378	12028	2012	Carrier Specific Unique Subscriber ID is required.	DC057	Carrier Specific Unique Subscriber ID	100	A0
2380	7051	2008	Claim Line Type is required.	DC059	Claim Line Type	80	A0
2380	4625	2009	Claim Line Type is required.	DC059	Claim Line Type	80	A0
2380	6452	2010	Claim Line Type is required.	DC059	Claim Line Type	80	A0
2380	2701	2011	Claim Line Type is required.	DC059	Claim Line Type	80	A0
2380	1304	2012	Claim Line Type is required.	DC059	Claim Line Type	80	A0
2385	18072	2009	Insurance Type Code/Product is required.	ME003	Insurance Type Code/Product	96	A1
2385	17774	2010	Insurance Type Code/Product is required.	ME003	Insurance Type Code/Product	96	A1
2385	127724	2011	Insurance Type Code/Product is required.	ME003	Insurance Type Code/Product	96	A1
2385	216722	2012	Insurance Type Code/Product is required.	ME003	Insurance Type Code/Product	96	A1
2388	8873000	2009	Insured Group or Policy Number is required.	ME006	Insured Group or Policy Number	99	A2
2388	9709893	2010	Insured Group or Policy Number is required.	ME006	Insured Group or Policy Number	99	A2
2388	26960642	2011	Insured Group or Policy Number is required.	ME006	Insured Group or Policy Number	99	A2
2388	119515227	2012	Insured Group or Policy Number is required.	ME006	Insured Group or Policy Number	99	A2
2389	216899	2009	Coverage Level Code is required.	ME007	Coverage Level Code	99	A1
2389	882824	2010	Coverage Level Code is required.	ME007	Coverage Level Code	99	A1
2389	22780242	2011	Coverage Level Code is required.	ME007	Coverage Level Code	99	A1
2389	48255899	2012	Coverage Level Code is required.	ME007	Coverage Level Code	99	A1
2390	6887346	2009	Subscriber Unique Identification Number is required.	ME008	Subscriber Unique Identification Number	85	A0
2390	7673415	2010	Subscriber Unique Identification Number is required.	ME008	Subscriber Unique Identification	85	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Number		
2390	94536751	2011	Subscriber Unique Identification Number is required.	ME008	Subscriber Unique Identification Number	85	A0
2390	128885935	2012	Subscriber Unique Identification Number is required.	ME008	Subscriber Unique Identification Number	85	A0
2391	8015400	2009	Plan Specific Contract Number is required.	ME009	Plan Specific Contract Number	89	B
2391	9133162	2010	Plan Specific Contract Number is required.	ME009	Plan Specific Contract Number	89	B
2391	22200380	2011	Plan Specific Contract Number is required.	ME009	Plan Specific Contract Number	89	B
2391	125097532	2012	Plan Specific Contract Number is required.	ME009	Plan Specific Contract Number	89	B
2392	10416414	2009	Member Suffix or Sequence Number is required.	ME010	Member Suffix or Sequence Number	99	B
2392	11907196	2010	Member Suffix or Sequence Number is required.	ME010	Member Suffix or Sequence Number	99	B
2392	54084083	2011	Member Suffix or Sequence Number is required.	ME010	Member Suffix or Sequence Number	99	B
2392	152863996	2012	Member Suffix or Sequence Number is required.	ME010	Member Suffix or Sequence Number	99	B
2393	9782279	2009	Member Identification Code is required.	ME011	Member Identification Code	68	A2
2393	10798396	2010	Member Identification Code is required.	ME011	Member Identification Code	68	A2
2393	127541287	2011	Member Identification Code is required.	ME011	Member Identification Code	68	A2
2393	170681096	2012	Member Identification Code is required.	ME011	Member Identification Code	68	A2
2394	392	2009	Individual Relationship Code is required.	ME012	Individual Relationship Code	97	A0
2394	514	2010	Individual Relationship Code is required.	ME012	Individual Relationship Code	97	A0
2394	5896	2011	Individual Relationship Code is required.	ME012	Individual Relationship Code	97	A0
2394	2660	2012	Individual Relationship Code is required.	ME012	Individual	97	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Relationship Code		
2395	945602	2009	Member Gender is required.	ME013	Member Gender	100	A0
2395	1447557	2010	Member Gender is required.	ME013	Member Gender	100	A0
2395	19511998	2011	Member Gender is required.	ME013	Member Gender	100	A0
2395	22915074	2012	Member Gender is required.	ME013	Member Gender	100	A0
2396	524	2009	Member Date of Birth is required.	ME014	Member Date of Birth	99	A0
2396	753	2010	Member Date of Birth is required.	ME014	Member Date of Birth	99	A0
2396	18655	2011	Member Date of Birth is required.	ME014	Member Date of Birth	99	A0
2396	68101	2012	Member Date of Birth is required.	ME014	Member Date of Birth	99	A0
2397	7865	2009	Member City Name is required.	ME015	Member City Name	99	A0
2397	17391	2010	Member City Name is required.	ME015	Member City Name	99	A0
2397	109850	2011	Member City Name is required.	ME015	Member City Name	99	A0
2397	67348	2012	Member City Name is required.	ME015	Member City Name	99	A0
2398	9519	2009	Member State or Province is required.	ME016	Member State or Province	99	A0
2398	19025	2010	Member State or Province is required.	ME016	Member State or Province	99	A0
2398	126113	2011	Member State or Province is required.	ME016	Member State or Province	99	A0
2398	85510	2012	Member State or Province is required.	ME016	Member State or Province	99	A0
2399	9666	2009	Member ZIP Code is required.	ME017	Member ZIP Code	99	A0
2399	19081	2010	Member ZIP Code is required.	ME017	Member ZIP Code	99	A0
2399	127797	2011	Member ZIP Code is required.	ME017	Member ZIP Code	99	A0
2399	93368	2012	Member ZIP Code is required.	ME017	Member ZIP Code	99	A0
2400	2451814	2011	Medical Coverage is required.	ME018	Medical Coverage	100	A0
2400	16972835	2012	Medical Coverage is required.	ME018	Medical Coverage	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2401	12	2011	Prescription Drug Coverage is required.	ME019	Prescription Drug Coverage	100	A0
2401	107	2012	Prescription Drug Coverage is required.	ME019	Prescription Drug Coverage	100	A0
2403	23281296	2009	Race 1 is required.	ME021	Race 1	3	B
2403	24250482	2010	Race 1 is required.	ME021	Race 1	3	B
2403	243591901	2011	Race 1 is required.	ME021	Race 1	3	B
2403	359473350	2012	Race 1 is required.	ME021	Race 1	3	B
2404	32663978	2009	Race 2 is required.	ME022	Race 2	2	C
2404	34919099	2010	Race 2 is required.	ME022	Race 2	2	C
2404	288872645	2011	Race 2 is required.	ME022	Race 2	2	C
2404	501518007	2012	Race 2 is required.	ME022	Race 2	2	C
2406	6176584	2009	Hispanic Indicator is required.	ME024	Hispanic Indicator	3	B
2406	6848886	2010	Hispanic Indicator is required.	ME024	Hispanic Indicator	3	B
2406	78055409	2011	Hispanic Indicator is required.	ME024	Hispanic Indicator	3	B
2406	92941379	2012	Hispanic Indicator is required.	ME024	Hispanic Indicator	3	B
2407	25043739	2009	Ethnicity 1 is required.	ME025	Ethnicity 1	3	B
2407	26277122	2010	Ethnicity 1 is required.	ME025	Ethnicity 1	3	B
2407	277925032	2011	Ethnicity 1 is required.	ME025	Ethnicity 1	3	B
2407	397962410	2012	Ethnicity 1 is required.	ME025	Ethnicity 1	3	B
2408	35059005	2009	Ethnicity 2 is required.	ME026	Ethnicity 2	2	C
2408	37696211	2010	Ethnicity 2 is required.	ME026	Ethnicity 2	2	C
2408	323926383	2011	Ethnicity 2 is required.	ME026	Ethnicity 2	2	C
2408	538246080	2012	Ethnicity 2 is required.	ME026	Ethnicity 2	2	C
2411	2535171	2009	Coverage Type is required.	ME029	Coverage Type	90	A0
2411	2828733	2010	Coverage Type is required.	ME029	Coverage Type	90	A0
2411	31279352	2011	Coverage Type is required.	ME029	Coverage Type	90	A0
2411	48128436	2012	Coverage Type is required.	ME029	Coverage Type	90	A0
2412	3022343	2009	Market Category Code is required.	ME030	Market Category Code	95	A0
2412	3360626	2010	Market Category Code is required.	ME030	Market Category Code	95	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2412	37761268	2011	Market Category Code is required.	ME030	Market Category Code	95	A0
2412	51477791	2012	Market Category Code is required.	ME030	Market Category Code	95	A0
2415	7336682	2009	Member Language Preference is required.	ME033	Member Language Preference	3	B
2415	8135006	2010	Member Language Preference is required.	ME033	Member Language Preference	3	B
2415	91216247	2011	Member Language Preference is required.	ME033	Member Language Preference	3	B
2415	92718953	2012	Member Language Preference is required.	ME033	Member Language Preference	3	B
2417	3342647	2009	Health Care Home Assigned Flag is required.	ME035	Health Care Home Assigned Flag	20	B
2417	3780425	2010	Health Care Home Assigned Flag is required.	ME035	Health Care Home Assigned Flag	20	B
2417	37698336	2011	Health Care Home Assigned Flag is required.	ME035	Health Care Home Assigned Flag	20	B
2417	38235627	2012	Health Care Home Assigned Flag is required.	ME035	Health Care Home Assigned Flag	20	B
2422	232562	2009	Product ID Number is required.	ME040	Product ID Number	100	A0
2422	237865	2010	Product ID Number is required.	ME040	Product ID Number	100	A0
2422	4157551	2011	Product ID Number is required.	ME040	Product ID Number	100	A0
2422	8979896	2012	Product ID Number is required.	ME040	Product ID Number	100	A0
2423	540	2009	Product Enrollment Start Date is required.	ME041	Product Enrollment Start Date	98	A1
2423	13705	2010	Product Enrollment Start Date is required.	ME041	Product Enrollment Start Date	98	A1
2423	16908	2011	Product Enrollment Start Date is required.	ME041	Product Enrollment Start Date	98	A1
2423	682	2012	Product Enrollment Start Date is required.	ME041	Product Enrollment Start Date	98	A1
2425	37690	2009	Member Street Address is required.	ME043	Member Street	90	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Address		
2425	65186	2010	Member Street Address is required.	ME043	Member Street Address	90	A0
2425	510672	2011	Member Street Address is required.	ME043	Member Street Address	90	A0
2425	413604	2012	Member Street Address is required.	ME043	Member Street Address	90	A0
2433	2211322	2009	Behavioral Health Benefit Flag is required.	ME051	Behavioral Health Benefit Flag	100	B
2433	2019425	2010	Behavioral Health Benefit Flag is required.	ME051	Behavioral Health Benefit Flag	100	B
2433	12769029	2011	Behavioral Health Benefit Flag is required.	ME051	Behavioral Health Benefit Flag	100	B
2433	13371840	2012	Behavioral Health Benefit Flag is required.	ME051	Behavioral Health Benefit Flag	100	B
2434	22290	2009	Laboratory Benefit Flag is required.	ME052	Laboratory Benefit Flag	100	B
2434	41988	2010	Laboratory Benefit Flag is required.	ME052	Laboratory Benefit Flag	100	B
2434	414165	2011	Laboratory Benefit Flag is required.	ME052	Laboratory Benefit Flag	100	B
2434	650043	2012	Laboratory Benefit Flag is required.	ME052	Laboratory Benefit Flag	100	B
2435	488538	2009	Disease Management Enrollee Flag is required.	ME053	Disease Management Enrollee Flag	100	B
2435	502800	2010	Disease Management Enrollee Flag is required.	ME053	Disease Management Enrollee Flag	100	B
2435	14040691	2011	Disease Management Enrollee Flag is required.	ME053	Disease Management Enrollee Flag	100	B
2435	13222372	2012	Disease Management Enrollee Flag is required.	ME053	Disease Management Enrollee Flag	100	B
2440	166899	2009	Subscriber Street Address is required.	ME058	Subscriber Street Address	98	A0
2440	112187	2010	Subscriber Street Address is required.	ME058	Subscriber Street	98	A0



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Address		
2440	1219536	2011	Subscriber Street Address is required.	ME058	Subscriber Street Address	98	A0
2440	1341549	2012	Subscriber Street Address is required.	ME058	Subscriber Street Address	98	A0
2441	3119375	2011	Disability Indicator Flag is required.	ME059	Disability Indicator Flag	100	C
2443	408463	2009	Student Status is required.	ME061	Student Status	100	A0
2443	442897	2010	Student Status is required.	ME061	Student Status	100	A0
2443	7007305	2011	Student Status is required.	ME061	Student Status	100	A0
2444	1732566	2009	Marital Status is required.	ME062	Marital Status	100	B
2444	1882571	2010	Marital Status is required.	ME062	Marital Status	100	B
2444	27258196	2011	Marital Status is required.	ME062	Marital Status	100	B
2444	28230275	2012	Marital Status is required.	ME062	Marital Status	100	B
2445	979449	2009	Benefit Status is required.	ME063	Benefit Status	100	B
2445	805767	2010	Benefit Status is required.	ME063	Benefit Status	100	B
2445	16591296	2011	Benefit Status is required.	ME063	Benefit Status	100	B
2445	2868975	2012	Benefit Status is required.	ME063	Benefit Status	100	B
2446	2111302	2009	Employee Type is required.	ME064	Employee Type	100	C
2446	2147665	2010	Employee Type is required.	ME064	Employee Type	100	C
2446	33820494	2011	Employee Type is required.	ME064	Employee Type	100	C
2446	35567601	2012	Employee Type is required.	ME064	Employee Type	100	C
2448	417652	2009	COBRA Status is required.	ME066	COBRA Status	80	B
2448	454238	2010	COBRA Status is required.	ME066	COBRA Status	80	B
2448	6689009	2011	COBRA Status is required.	ME066	COBRA Status	80	B
2448	11087417	2012	COBRA Status is required.	ME066	COBRA Status	80	B
2463	7394891	2009	Medicare Code is required.	ME081	Medicare Code	100	B
2463	7216589	2010	Medicare Code is required.	ME081	Medicare Code	100	B
2463	65803767	2011	Medicare Code is required.	ME081	Medicare Code	100	B
2463	79713382	2012	Medicare Code is required.	ME081	Medicare Code	100	B
2466	5208	2009	Subscriber Last Name is required.	ME101	Subscriber Last Name	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2466	5776	2010	Subscriber Last Name is required.	ME101	Subscriber Last Name	100	A0
2466	113377	2011	Subscriber Last Name is required.	ME101	Subscriber Last Name	100	A0
2466	192028	2012	Subscriber Last Name is required.	ME101	Subscriber Last Name	100	A0
2467	5269	2009	Subscriber First Name is required.	ME102	Subscriber First Name	100	A0
2467	5808	2010	Subscriber First Name is required.	ME102	Subscriber First Name	100	A0
2467	113145	2011	Subscriber First Name is required.	ME102	Subscriber First Name	100	A0
2467	192295	2012	Subscriber First Name is required.	ME102	Subscriber First Name	100	A0
2468	16558776	2009	Subscriber Middle Initial is required.	ME103	Subscriber Middle Initial	2	C
2468	18223450	2010	Subscriber Middle Initial is required.	ME103	Subscriber Middle Initial	2	C
2468	168694335	2011	Subscriber Middle Initial is required.	ME103	Subscriber Middle Initial	2	C
2468	282133309	2012	Subscriber Middle Initial is required.	ME103	Subscriber Middle Initial	2	C
2469	141	2009	Member Last Name is required.	ME104	Member Last Name	100	A0
2469	6045	2010	Member Last Name is required.	ME104	Member Last Name	100	A0
2469	11947	2011	Member Last Name is required.	ME104	Member Last Name	100	A0
2469	221	2012	Member Last Name is required.	ME104	Member Last Name	100	A0
2470	108	2009	Member First Name is required.	ME105	Member First Name	100	A0
2470	6110	2010	Member First Name is required.	ME105	Member First Name	100	A0
2470	7602	2011	Member First Name is required.	ME105	Member First Name	100	A0
2470	788	2012	Member First Name is required.	ME105	Member First Name	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2471	17338902	2009	Member Middle Initial is required.	ME106	Member Middle Initial	2	C
2471	19012493	2010	Member Middle Initial is required.	ME106	Member Middle Initial	2	C
2471	175786069	2011	Member Middle Initial is required.	ME106	Member Middle Initial	2	C
2471	293399006	2012	Member Middle Initial is required.	ME106	Member Middle Initial	2	C
2472	3	2009	Carrier Specific Unique Member ID is required.	ME107	Carrier Specific Unique Member ID	100	A0
2472	13639	2010	Carrier Specific Unique Member ID is required.	ME107	Carrier Specific Unique Member ID	100	A0
2472	16526	2011	Carrier Specific Unique Member ID is required.	ME107	Carrier Specific Unique Member ID	100	A0
2472	1729	2012	Carrier Specific Unique Member ID is required.	ME107	Carrier Specific Unique Member ID	100	A0
2473	18943	2009	Subscriber City Name is required.	ME108	Subscriber City Name	98	A0
2473	29119	2010	Subscriber City Name is required.	ME108	Subscriber City Name	98	A0
2473	292834	2011	Subscriber City Name is required.	ME108	Subscriber City Name	98	A0
2473	348400	2012	Subscriber City Name is required.	ME108	Subscriber City Name	98	A0
2474	19793	2009	Subscriber State or Province is required.	ME109	Subscriber State or Province	99	A0
2474	29920	2010	Subscriber State or Province is required.	ME109	Subscriber State or Province	99	A0
2474	299345	2011	Subscriber State or Province is required.	ME109	Subscriber State or Province	99	A0
2474	357866	2012	Subscriber State or Province is required.	ME109	Subscriber State or Province	99	A0
2475	18931	2009	Subscriber ZIP Code is required.	ME110	Subscriber ZIP Code	99	A0
2475	29084	2010	Subscriber ZIP Code is required.	ME110	Subscriber ZIP Code	99	A0
2475	290673	2011	Subscriber ZIP Code is required.	ME110	Subscriber ZIP Code	99	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2475	352792	2012	Subscriber ZIP Code is required.	ME110	Subscriber ZIP Code	99	A0
2482	176392	2009	Carrier Specific Unique Subscriber ID is required.	ME117	Carrier Specific Unique Subscriber ID	100	A0
2482	172311	2010	Carrier Specific Unique Subscriber ID is required.	ME117	Carrier Specific Unique Subscriber ID	100	A0
2482	2172105	2011	Carrier Specific Unique Subscriber ID is required.	ME117	Carrier Specific Unique Subscriber ID	100	A0
2482	2184859	2012	Carrier Specific Unique Subscriber ID is required.	ME117	Carrier Specific Unique Subscriber ID	100	A0
2483	4052987	2011	Vision Benefit is required.	ME118	Vision Benefit	100	A0
2486	1115816	2011	Plan Provider ID is required.	PV002	Plan Provider ID	100	A0
2486	1094434	2012	Plan Provider ID is required.	PV002	Plan Provider ID	100	A0
2487	49111183	2011	Tax Id is required.	PV003	Tax Id	98	A2
2487	21617371	2012	Tax Id is required.	PV003	Tax Id	98	A2
2500	22235810	2011	Street Address1 Name is required.	PV016	Street Address1 Name	98	A1
2500	7133477	2012	Street Address1 Name is required.	PV016	Street Address1 Name	98	A1
2501	410924	2011	Street Address2 Name is required.	PV017	Street Address2 Name	2	A0
2502	16570496	2011	City Name is required.	PV018	City Name	98	A1
2502	5960408	2012	City Name is required.	PV018	City Name	98	A1
2504	27014032	2011	Country Code is required.	PV020	Country Code	98	C
2504	9303172	2012	Country Code is required.	PV020	Country Code	98	C
2505	16230022	2011	Zip Code is required.	PV021	Zip Code	98	A0
2505	5710004	2012	Zip Code is required.	PV021	Zip Code	98	A0
2507	60362320	2011	Mailing Street Address1 Name is required.	PV023	Mailing Street Address1 Name	98	A0
2507	13605123	2012	Mailing Street Address1 Name is required.	PV023	Mailing Street Address1 Name	98	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2509	60341477	2011	Mailing City Name is required.	PV025	Mailing City Name	98	A0
2509	13591095	2012	Mailing City Name is required.	PV025	Mailing City Name	98	A0
2511	63473825	2011	Mailing Country Code is required.	PV027	Mailing Country Code	98	C
2511	17001660	2012	Mailing Country Code is required.	PV027	Mailing Country Code	98	C
2512	60218780	2011	Mailing Zip Code is required.	PV028	Mailing Zip Code	98	A0
2512	13472475	2012	Mailing Zip Code is required.	PV028	Mailing Zip Code	98	A0
2513	2082223	2011	Provider Type Code is required.	PV029	Provider Type Code	98	A1
2513	2125855	2012	Provider Type Code is required.	PV029	Provider Type Code	98	A1
2518	12902	2011	Provider ID Code is required.	PV034	Provider ID Code	100	A0
2518	20699	2012	Provider ID Code is required.	PV034	Provider ID Code	100	A0
2529	3971110	2011	P4P Flag is required.	PV045	P4P Flag	100	B
2529	3280498	2012	P4P Flag is required.	PV045	P4P Flag	100	B
2530	4508783	2011	NonClaimsFlag is required.	PV046	NonClaimsFlag	100	B
2530	7295716	2012	NonClaimsFlag is required.	PV046	NonClaimsFlag	100	B
2531	3602034	2011	Uses Electronic Medical Records is required.	PV047	Uses Electronic Medical Records	100	B
2531	1022416	2012	Uses Electronic Medical Records is required.	PV047	Uses Electronic Medical Records	100	B
2533	2584917	2011	Accepting New Patients is required.	PV049	Accepting New Patients	100	B
2533	1788105	2012	Accepting New Patients is required.	PV049	Accepting New Patients	100	B
2534	3970527	2011	Offers e-Visits is required.	PV050	Offers e-Visits	100	C
2534	1318250	2012	Offers e-Visits is required.	PV050	Offers e-Visits	100	C
2536	135443	2011	Has multiple offices is required.	PV052	Has multiple offices	100	A0
2536	66992	2012	Has multiple offices is required.	PV052	Has multiple offices	100	A0
2539	135443	2011	PCP Flag is required.	PV055	PCP Flag	100	A0
2539	66992	2012	PCP Flag is required.	PV055	PCP Flag	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2540	38968628	2011	Provider Affiliation is required.	PV056	Provider Affiliation	99	B
2540	12971247	2012	Provider Affiliation is required.	PV056	Provider Affiliation	99	B
2541	47130980	2011	Provider Telephone is required.	PV057	Provider Telephone	10	C
2541	18757774	2012	Provider Telephone is required.	PV057	Provider Telephone	10	C
2542	182893	2011	Delegated Provider Record Flag is required.	PV058	Delegated Provider Record Flag	100	B
2542	115384	2012	Delegated Provider Record Flag is required.	PV058	Delegated Provider Record Flag	100	B
2544	12180813	2011	Office Type is required.	PV060	Office Type	95	A0
2544	13039729	2012	Office Type is required.	PV060	Office Type	95	A0
2545	469678	2011	Prescribing Provider is required.	PV061	Prescribing Provider	100	C
2545	479667	2012	Prescribing Provider is required.	PV061	Prescribing Provider	100	C
2546	41323826	2011	Provider Affiliation Start Date is required.	PV062	Provider Affiliation Start Date	98	A0
2546	15468532	2012	Provider Affiliation Start Date is required.	PV062	Provider Affiliation Start Date	98	A0
2548	3816734	2011	PPO Indicator is required.	PV064	PPO Indicator	100	A0
2548	1230531	2012	PPO Indicator is required.	PV064	PPO Indicator	100	A0
2550	1	2010	Product ID number is required.	PR001	Product ID number	100	A0
2551	91	2010	Product Name is required.	PR002	Product Name	100	C
2551	469	2011	Product Name is required.	PR002	Product Name	100	C
2551	598	2012	Product Name is required.	PR002	Product Name	100	C
2552	22898	2010	Carrier License Type is required.	PR003	Carrier License Type	100	A0
2552	183688	2011	Carrier License Type is required.	PR003	Carrier License Type	100	A0
2552	219907	2012	Carrier License Type is required.	PR003	Carrier License Type	100	A0
2553	22849	2010	Product Line of Business Model is required.	PR004	Product Line of Business Model	100	A0
2553	152631	2011	Product Line of Business Model is required.	PR004	Product Line of Business Model	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2553	214470	2012	Product Line of Business Model is required.	PR004	Product Line of Business Model	100	A0
2554	23545	2010	Insurance Plan Market is required.	PR005	Insurance Plan Market	100	A0
2554	152700	2011	Insurance Plan Market is required.	PR005	Insurance Plan Market	100	A0
2554	214470	2012	Insurance Plan Market is required.	PR005	Insurance Plan Market	100	A0
2555	22848	2010	Product Benefit Type is required.	PR006	Product Benefit Type	100	A0
2555	152626	2011	Product Benefit Type is required.	PR006	Product Benefit Type	100	A0
2555	214466	2012	Product Benefit Type is required.	PR006	Product Benefit Type	100	A0
2557	22853	2010	Risk Type is required.	PR008	Risk Type	100	A2
2557	152654	2011	Risk Type is required.	PR008	Risk Type	100	A2
2557	214487	2012	Risk Type is required.	PR008	Risk Type	100	A2
2558	729	2010	Product Start Date is required.	PR009	Product Start Date	100	A0
2558	14450	2011	Product Start Date is required.	PR009	Product Start Date	100	A0
2558	3545	2012	Product Start Date is required.	PR009	Product Start Date	100	A0
2560	1	2010	Product Active Flag is required.	PR011	Product Active Flag	100	C
2560	5	2011	Product Active Flag is required.	PR011	Product Active Flag	100	C
2561	40583	2010	Annual Per Person Deductible Code is required.	PR012	Annual Per Person Deductible Code	100	B
2561	398114	2011	Annual Per Person Deductible Code is required.	PR012	Annual Per Person Deductible Code	100	B
2561	312522	2012	Annual Per Person Deductible Code is required.	PR012	Annual Per Person Deductible Code	100	B
2562	40583	2010	Annual Per Family Deductible Code is required.	PR013	Annual Per Family Deductible Code	100	B
2562	398114	2011	Annual Per Family Deductible Code is required.	PR013	Annual Per Family Deductible Code	100	B
2562	312520	2012	Annual Per Family Deductible Code is required.	PR013	Annual Per Family Deductible Code	100	B
2563	22848	2010	Coordinated Care model is required.	PR014	Coordinated Care model	100	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2563	152626	2011	Coordinated Care model is required.	PR014	Coordinated Care model	100	C
2563	214526	2012	Coordinated Care model is required.	PR014	Coordinated Care model	100	C
2565	46	2008	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.	MC013	Member Date of Birth	98	B
2565	58	2009	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.	MC013	Member Date of Birth	98	B
2565	41	2010	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.	MC013	Member Date of Birth	98	B
2565	12	2011	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.	MC013	Member Date of Birth	98	B
2566	2	2009	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.	MC017	Date Service Approved (AP Date)	93	C
2567	73805	2008	Admission Date must be in date format (YYYYMMDD) and cannot be a future date.	MC018	Admission Date	98	A1
2567	306	2009	Admission Date must be in date format (YYYYMMDD) and cannot be a future date.	MC018	Admission Date	98	A1
2567	44	2010	Admission Date must be in date format (YYYYMMDD) and cannot be a future date.	MC018	Admission Date	98	A1
2567	19803	2011	Admission Date must be in date format (YYYYMMDD) and cannot be a future date.	MC018	Admission Date	98	A1
2568	33123	2008	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.	MC059	Date of Service – From	98	A0
2568	97163	2009	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.	MC059	Date of Service – From	98	A0
2568	2786	2010	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.	MC059	Date of Service – From	98	A0
2568	4	2011	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.	MC059	Date of Service – From	98	A0
2569	33166	2008	Date of Service – To must be in date format (YYYYMMDD) and cannot be a future date.	MC060	Date of Service – To	98	A0
2569	97187	2009	Date of Service – To must be in date format (YYYYMMDD) and cannot be a future date.	MC060	Date of Service – To	98	A0
2569	2820	2010	Date of Service – To must be in date format (YYYYMMDD) and cannot be a future date.	MC060	Date of Service – To	98	A0
2569	571501	2011	Date of Service – To must be in date format (YYYYMMDD) and cannot be a future date.	MC060	Date of Service –	98	A0



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			future date.		To		
2570	7	2010	Discharge Date must be in date format (YYYYMMDD).	MC069	Discharge Date	98	B
2570	17539	2011	Discharge Date must be in date format (YYYYMMDD).	MC069	Discharge Date	98	B
2572	1	2009	Claim Processed Date must be in date format (YYYYMMDD) and cannot be a future date.	MC110	Claim Processed Date	98	C
2577	272	2008	Date Prescription Written must be in date format (YYYYMMDD) and cannot be a future date.	PC064	Date Prescription Written	80	B
2577	21	2008	Date Prescription Written must be in date format (YYYYMMDD).	PC064	Date Prescription Written	80	B
2577	639	2009	Date Prescription Written must be in date format (YYYYMMDD) and cannot be a future date.	PC064	Date Prescription Written	80	B
2577	164	2009	Date Prescription Written must be in date format (YYYYMMDD).	PC064	Date Prescription Written	80	B
2577	315	2010	Date Prescription Written must be in date format (YYYYMMDD) and cannot be a future date.	PC064	Date Prescription Written	80	B
2578	16	2008	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date and cannot be a future date.	DC013	Member Date of Birth	99	B
2578	2	2011	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date and cannot be a future date.	DC013	Member Date of Birth	99	B
2579	36	2009	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.	DC017	Date Service Approved (AP Date)	98	C
2580	2	2011	Date of Service - From must be in date format (YYYYMMDD) and cannot be a future date.	DC035	Date of Service - From	99	A0
2583	327	2011	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.	ME014	Member Date of Birth	99	A0
2586	181530	2011	Member PCP Effective Date must be in date format (YYYYMMDD).	ME047	Member PCP Effective Date	98	B
2587	181530	2011	Member PCP Termination Date must be in date format (YYYYMMDD).	ME048	Member PCP Termination Date	98	B
2589	2970	2009	Last Activity Date must be in date format (YYYYMMDD) and cannot be a future date.	ME056	Last Activity Date	0	B
2589	3865	2010	Last Activity Date must be in date format (YYYYMMDD) and cannot be a future date.	ME056	Last Activity Date	0	B
2589	207766	2011	Last Activity Date must be in date format (YYYYMMDD) and cannot be a future date.	ME056	Last Activity Date	0	B
2590	181510	2011	Date of Death must be in date format (YYYYMMDD) and cannot be a	ME057	Date of Death	0	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			future date.				
2591	181536	2011	Date of Retirement must be in date format (YYYYMMDD).	ME065	Date of Retirement	0	B
2592	30064	2011	DOB Date must be in date format (YYYYMMDD) and cannot be a future date.	PV015	DOB Date	20	B
2593	8	2011	Begin Date must be in date format (YYYYMMDD) and cannot be a future date.	PV037	Begin Date	98	A2
2593	258674	2011	Begin Date must be in date format (YYYYMMDD).	PV037	Begin Date	98	A2
2594	1930	2011	End Date must be in date format (YYYYMMDD).	PV038	End Date	98	B
2595	3217	2011	Provider Affiliation Start Date must be in date format (YYYYMMDD).	PV062	Provider Affiliation Start Date	98	A0
2596	12523	2011	Provider Affiliation End Date must be in date format (YYYYMMDD).	PV063	Provider Affiliation End Date	98	B
2597	296	2011	Product Start Date must be in date format (YYYYMMDD).	PR009	Product Start Date	100	A0
2598	296	2011	Product End Date must be in date format (YYYYMMDD).	PR010	Product End Date	100	B
2602	1	2009	Admission Hour must be in integer (no decimal points) format and cannot be negative.	MC019	Admission Hour	5	C
2602	19803	2011	Admission Hour must be in integer (no decimal points) format.	MC019	Admission Hour	5	C
2603	14	2008	Admission Type must be in integer (no decimal points) format.	MC020	Admission Type	98	A1
2603	4	2009	Admission Type must be in integer (no decimal points) format.	MC020	Admission Type	98	A1
2603	6	2010	Admission Type must be in integer (no decimal points) format.	MC020	Admission Type	98	A1
2604	25966	2011	Discharge Hour must be in integer (no decimal points) format.	MC022	Discharge Hour	5	C
2605	36	2008	Discharge Status must be in integer (no decimal points) format.	MC023	Discharge Status	98	A1
2605	264	2009	Discharge Status must be in integer (no decimal points) format.	MC023	Discharge Status	98	A1
2605	345	2010	Discharge Status must be in integer (no decimal points) format.	MC023	Discharge Status	98	A1
2605	288	2011	Discharge Status must be in integer (no decimal points) format.	MC023	Discharge Status	98	A1
2607	9	2008	Type of Bill – on Facility Claims must be in integer (no decimal points) format.	MC036	Type of Bill – on Facility Claims	90	A0
2607	4	2009	Type of Bill – on Facility Claims must be in integer (no decimal points) format.	MC036	Type of Bill – on Facility Claims	90	A0
2607	59	2010	Type of Bill – on Facility Claims must be in integer (no decimal points) format.	MC036	Type of Bill – on Facility Claims	90	A0
2607	2	2011	Type of Bill – on Facility Claims must be in integer (no decimal points) format.	MC036	Type of Bill – on Facility Claims	90	A0
2608	7	2008	Claim Status must be in integer (no decimal points) format.	MC038	Claim Status	98	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2608	2	2010	Claim Status must be in integer (no decimal points) format.	MC038	Claim Status	98	A0
2609	3	2010	Quantity must be in integer (no decimal points) format and cannot be negative.	MC061	Quantity	98	A1
2610	118084	2008	Charge Amount must be in integer (no decimal points) format and cannot be zero.	MC062	Charge Amount	99	A0
2610	2682	2009	Charge Amount must be in integer (no decimal points) format and cannot be zero.	MC062	Charge Amount	99	A0
2610	329	2010	Charge Amount must be in integer (no decimal points) format and cannot be zero.	MC062	Charge Amount	99	A0
2611	14553	2008	Paid Amount must be in integer (no decimal points) format and cannot be negative.	MC063	Paid Amount	99	A0
2611	14339	2009	Paid Amount must be in integer (no decimal points) format and cannot be negative.	MC063	Paid Amount	99	A0
2611	6498	2010	Paid Amount must be in integer (no decimal points) format and cannot be negative.	MC063	Paid Amount	99	A0
2613	15595	2008	Copay Amount must be in integer (no decimal points) format and cannot be negative.	MC065	Copay Amount	99	A1
2613	17013	2009	Copay Amount must be in integer (no decimal points) format and cannot be negative.	MC065	Copay Amount	99	A1
2613	7522	2010	Copay Amount must be in integer (no decimal points) format and cannot be negative.	MC065	Copay Amount	99	A1
2615	1	2008	Deductible Amount must be in integer (no decimal points) format and cannot be negative.	MC067	Deductible Amount	99	A1
2619	14	2010	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.	MC095	Coordination of Benefits/TPL Liability Amount	0	B
2622	15	2008	Allowed Amount must be in integer (no decimal points) format and cannot be zero.	MC098	Allowed Amount	99	A2
2622	12	2009	Allowed Amount must be in integer (no decimal points) format and cannot be zero.	MC098	Allowed Amount	99	A2
2622	8	2010	Allowed Amount must be in integer (no decimal points) format and cannot be zero.	MC098	Allowed Amount	99	A2
2623	15305	2008	Non-Covered Amount must be in integer (no decimal points) format and cannot be zero.	MC099	Non-Covered Amount	98	B
2623	19326	2009	Non-Covered Amount must be in integer (no decimal points) format and cannot be zero.	MC099	Non-Covered Amount	98	B
2623	9731	2010	Non-Covered Amount must be in integer (no decimal points) format and cannot be zero.	MC099	Non-Covered Amount	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2632	189	2008	Dispense as Written Code must be in integer (no decimal points) format.	PC030	Dispense as Written Code	98	C
2633	6257	2008	Quantity Dispensed must be in integer (no decimal points) format cannot be negative and cannot be zero.	PC033	Quantity Dispensed	99	A1
2633	8103	2009	Quantity Dispensed must be in integer (no decimal points) format cannot be negative and cannot be zero.	PC033	Quantity Dispensed	99	A1
2633	4676	2010	Quantity Dispensed must be in integer (no decimal points) format cannot be negative and cannot be zero.	PC033	Quantity Dispensed	99	A1
2633	13508	2011	Quantity Dispensed must be in integer (no decimal points) format, cannot be negative and cannot be zero.	PC033	Quantity Dispensed	99	A1
2634	1145	2008	Days Supply must be in integer (no decimal points) format, cannot be negative and cannot be zero.	PC034	Days Supply	99	A2
2634	1211	2009	Days Supply must be in integer (no decimal points) format , cannot be negative and cannot be zero.	PC034	Days Supply	99	A2
2634	36370	2010	Days Supply must be in integer (no decimal points) format, cannot be negative and cannot be zero.	PC034	Days Supply	99	A2
2634	19309	2011	Days Supply must be in integer (no decimal points) format, cannot be negative and cannot be zero.	PC034	Days Supply	99	A2
2635	554	2008	Charge Amount must be in integer (no decimal points) format and cannot be zero.	PC035	Charge Amount	99	A0
2635	2823	2009	Charge Amount must be in integer (no decimal points) format and cannot be zero.	PC035	Charge Amount	99	A0
2635	1087	2010	Charge Amount must be in integer (no decimal points) format and cannot be zero.	PC035	Charge Amount	99	A0
2643	1541	2008	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.	PC065	Coordination of Benefits/TPL Liability Amount	0	B
2643	2232	2009	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.	PC065	Coordination of Benefits/TPL Liability Amount	0	B
2643	1075	2010	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.	PC065	Coordination of Benefits/TPL Liability Amount	0	B
2650	18814	2008	Version Number must be in integer (no decimal points) format and cannot be negative.	DC005A	Version Number	100	A0
2650	22256	2009	Version Number must be in integer (no decimal points) format and cannot be negative.	DC005A	Version Number	100	A0
2650	29192	2010	Version Number must be in integer (no decimal points) format and cannot	DC005A	Version Number	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			be negative.				
2650	5709	2011	Version Number must be in integer (no decimal points) format and cannot be negative.	DC005A	Version Number	100	A0
2654	27	2008	Charge Amount must be in integer (no decimal points) format cannot be zero and cannot be negative.	DC037	Charge Amount	99	A0
2654	50	2009	Charge Amount must be in integer (no decimal points) format cannot be zero and cannot be negative.	DC037	Charge Amount	99	A0
2654	5	2010	Charge Amount must be in integer (no decimal points) format cannot be zero and cannot be negative.	DC037	Charge Amount	99	A0
2664	37	2009	Member Deductible Used must be in integer (no decimal points) format and cannot be negative.	ME050	Member Deductible Used	0	B
2664	8	2010	Member Deductible Used must be in integer (no decimal points) format and cannot be negative.	ME050	Member Deductible Used	0	B
2664	181546	2011	Member Deductible Used must be in integer (no decimal points) format and cannot be negative.	ME050	Member Deductible Used	0	B
2669	76566	2011	Medical Deductible must be in integer (no decimal points) format and cannot be negative.	ME111	Medical Deductible	90	B
2670	181530	2011	Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.	ME112	Pharmacy Deductible	90	B
2671	181530	2011	Medical and Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.	ME113	Medical and Pharmacy Deductible	90	B
2672	181530	2011	Behavioral Health Deductible must be in integer (no decimal points) format and cannot be negative.	ME114	Behavioral Health Deductible	90	B
2673	76566	2011	Dental Deductible must be in integer (no decimal points) format and cannot be negative.	ME115	Dental Deductible	90	B
2674	812	2010	Vision Deductible must be in integer (no decimal points) format and cannot be negative.	ME116	Vision Deductible	90	B
2674	195804	2011	Vision Deductible must be in integer (no decimal points) format and cannot be negative.	ME116	Vision Deductible	90	B
2675	16704	2011	Vision Benefit must be in integer (no decimal points) format.	ME118	Vision Benefit	100	A0
2679	40352	2008	Drug Unit of Measure must be within the valid domain of values.	PC075	Drug Unit of Measure	80	A1
2679	41651	2009	Drug Unit of Measure must be within the valid domain of values.	PC075	Drug Unit of Measure	80	A1
2679	20069	2010	Drug Unit of Measure must be within the valid domain of values.	PC075	Drug Unit of Measure	80	A1

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2679	3035	2011	Drug Unit of Measure must be within the valid domain of values.	PC075	Drug Unit of Measure	80	A1
2679	1557	2012	Drug Unit of Measure must be within the valid domain of values.	PC075	Drug Unit of Measure	80	A1
2680	442	2010	Claim Line Type must be within the valid domain of values.	PC110	Claim Line Type	90	A0
2680	253	2011	Claim Line Type must be within the valid domain of values.	PC110	Claim Line Type	90	A0
2681	22848	2010	Product Active Flag must be within the valid domain of values.	PR011	Product Active Flag	100	C
2681	152632	2011	Product Active Flag must be within the valid domain of values.	PR011	Product Active Flag	100	C
2681	214473	2012	Product Active Flag must be within the valid domain of values.	PR011	Product Active Flag	100	C
2682	71	2010	Annual Per Person Deductible Code must be within the valid domain of values.	PR012	Annual Per Person Deductible Code	100	B
2682	490	2011	Annual Per Person Deductible Code must be within the valid domain of values.	PR012	Annual Per Person Deductible Code	100	B
2682	191	2012	Annual Per Person Deductible Code must be within the valid domain of values.	PR012	Annual Per Person Deductible Code	100	B
2683	71	2010	Annual Per Family Deductible Code must be within the valid domain of values.	PR013	Annual Per Family Deductible Code	100	B
2683	428	2011	Annual Per Family Deductible Code must be within the valid domain of values.	PR013	Annual Per Family Deductible Code	100	B
2683	187	2012	Annual Per Family Deductible Code must be within the valid domain of values.	PR013	Annual Per Family Deductible Code	100	B
2687	16019	2010	Special Coverage must be within the valid domain of values.	ME031	Special Coverage	0	B
2687	18865	2011	Special Coverage must be within the valid domain of values.	ME031	Special Coverage	0	B
2689	22290	2009	Behavioral Health Benefit Flag must be within the valid domain of values.	ME051	Behavioral Health Benefit Flag	100	B
2689	41988	2010	Behavioral Health Benefit Flag must be within the valid domain of values.	ME051	Behavioral Health Benefit Flag	100	B
2689	414051	2011	Behavioral Health Benefit Flag must be within the valid domain of values.	ME051	Behavioral Health Benefit Flag	100	B
2689	621898	2012	Behavioral Health Benefit Flag must be within the valid domain of values.	ME051	Behavioral Health Benefit Flag	100	B
2692	22290	2009	Disability Indicator Flag must be within the valid domain of values.	ME059	Disability Indicator Flag	100	C
2692	28356	2010	Disability Indicator Flag must be within the valid domain of values.	ME059	Disability Indicator Flag	100	C
2692	397573	2011	Disability Indicator Flag must be within the valid domain of values.	ME059	Disability Indicator	100	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Flag		
2692	621898	2012	Disability Indicator Flag must be within the valid domain of values.	ME059	Disability Indicator Flag	100	C
2693	420	2009	Employment Status must be within the valid domain of values.	ME060	Employment Status	0	B
2693	303	2010	Employment Status must be within the valid domain of values.	ME060	Employment Status	0	B
2693	3412	2011	Employment Status must be within the valid domain of values.	ME060	Employment Status	0	B
2693	4077872	2012	Employment Status must be within the valid domain of values.	ME060	Employment Status	0	B
2695	1925357	2011	Benefit Status must be within the valid domain of values.	ME063	Benefit Status	100	B
2695	6903724	2012	Benefit Status must be within the valid domain of values.	ME063	Benefit Status	100	B
2696	22290	2009	COBRA Status must be within the valid domain of values.	ME066	COBRA Status	80	B
2696	28356	2010	COBRA Status must be within the valid domain of values.	ME066	COBRA Status	80	B
2696	397573	2011	COBRA Status must be within the valid domain of values.	ME066	COBRA Status	80	B
2696	621898	2012	COBRA Status must be within the valid domain of values.	ME066	COBRA Status	80	B
2697	13632	2010	Disease Management Enrollee Flag must be within the valid domain of values.	ME053	Disease Management Enrollee Flag	100	B
2697	16478	2011	Disease Management Enrollee Flag must be within the valid domain of values.	ME053	Disease Management Enrollee Flag	100	B
2699	16704	2011	Vision Benefit must be within the valid domain of values.	ME118	Vision Benefit	100	A0
2700	42661635	2008	Service Provider Suffix must be within the valid domain of values.	MC031	Service Provider Suffix	2	Z
2700	44305777	2009	Service Provider Suffix must be within the valid domain of values.	MC031	Service Provider Suffix	2	Z
2700	31675247	2010	Service Provider Suffix must be within the valid domain of values.	MC031	Service Provider Suffix	2	Z
2700	19295919	2011	Service Provider Suffix must be within the valid domain of values.	MC031	Service Provider Suffix	2	Z
2700	709419	2012	Service Provider Suffix must be within the valid domain of values.	MC031	Service Provider Suffix	2	Z
2702	258	2008	Type of Claim must be within the valid domain of values.	MC094	Type of Claim	100	A0
2702	304	2009	Type of Claim must be within the valid domain of values.	MC094	Type of Claim	100	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2702	1955	2010	Type of Claim must be within the valid domain of values.	MC094	Type of Claim	100	A0
2702	752	2011	Type of Claim must be within the valid domain of values.	MC094	Type of Claim	100	A0
2704	1	2008	Authorization Needed must be within the valid domain of values.	MC117	Authorization Needed	100	B
2705	1	2008	Referral Indicator must be within the valid domain of values.	MC118	Referral Indicator	100	A0
2709	33186	2008	Accident Indicator must be within the valid domain of values.	MC126	Accident Indicator	100	B
2709	40309	2009	Accident Indicator must be within the valid domain of values.	MC126	Accident Indicator	100	B
2709	47889	2010	Accident Indicator must be within the valid domain of values.	MC126	Accident Indicator	100	B
2709	59042	2011	Accident Indicator must be within the valid domain of values.	MC126	Accident Indicator	100	B
2709	54130	2012	Accident Indicator must be within the valid domain of values.	MC126	Accident Indicator	100	B
2710	33009	2008	Employment Related Indicator must be within the valid domain of values.	MC128	Employment Related Indicator	100	B
2710	40160	2009	Employment Related Indicator must be within the valid domain of values.	MC128	Employment Related Indicator	100	B
2710	47859	2010	Employment Related Indicator must be within the valid domain of values.	MC128	Employment Related Indicator	100	B
2710	59042	2011	Employment Related Indicator must be within the valid domain of values.	MC128	Employment Related Indicator	100	B
2710	54130	2012	Employment Related Indicator must be within the valid domain of values.	MC128	Employment Related Indicator	100	B
2711	200	2008	Procedure Code Type must be within the valid domain of values.	MC130	Procedure Code Type	80	A1
2711	166	2009	Procedure Code Type must be within the valid domain of values.	MC130	Procedure Code Type	80	A1
2711	392	2010	Procedure Code Type must be within the valid domain of values.	MC130	Procedure Code Type	80	A1
2711	1296	2011	Procedure Code Type must be within the valid domain of values.	MC130	Procedure Code Type	80	A1
2711	124	2012	Procedure Code Type must be within the valid domain of values.	MC130	Procedure Code Type	80	A1
2712	1	2008	InNetwork Indicator must be within the valid domain of values.	MC131	InNetwork Indicator	100	B
2713	2503	2008	Claim Line Type must be within the valid domain of values.	MC138	Claim Line Type	90	A0
2714	262508	2008	Other Diagnosis – 1 must be within the valid domain of values.	MC042	Other Diagnosis – 1	70	B
2714	337083	2009	Other Diagnosis – 1 must be within the valid domain of values.	MC042	Other Diagnosis – 1	70	B



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2714	80891	2010	Other Diagnosis – 1 must be within the valid domain of values.	MC042	Other Diagnosis – 1	70	B
2714	21799	2011	Other Diagnosis – 1 must be within the valid domain of values.	MC042	Other Diagnosis – 1	70	B
2714	97179	2012	Other Diagnosis – 1 must be within the valid domain of values.	MC042	Other Diagnosis – 1	70	B
2715	80668	2008	Other Diagnosis – 2 must be within the valid domain of values.	MC043	Other Diagnosis – 2	24	B
2715	162008	2009	Other Diagnosis – 2 must be within the valid domain of values.	MC043	Other Diagnosis – 2	24	B
2715	14398	2010	Other Diagnosis – 2 must be within the valid domain of values.	MC043	Other Diagnosis – 2	24	B
2715	20965	2011	Other Diagnosis – 2 must be within the valid domain of values.	MC043	Other Diagnosis – 2	24	B
2715	10396	2012	Other Diagnosis – 2 must be within the valid domain of values.	MC043	Other Diagnosis – 2	24	B
2716	38698	2008	Other Diagnosis – 3 must be within the valid domain of values.	MC044	Other Diagnosis – 3	13	C
2716	130278	2009	Other Diagnosis – 3 must be within the valid domain of values.	MC044	Other Diagnosis – 3	13	C
2716	8528	2010	Other Diagnosis – 3 must be within the valid domain of values.	MC044	Other Diagnosis – 3	13	C
2716	24571	2011	Other Diagnosis – 3 must be within the valid domain of values.	MC044	Other Diagnosis – 3	13	C
2716	6232	2012	Other Diagnosis – 3 must be within the valid domain of values.	MC044	Other Diagnosis – 3	13	C
2717	16095	2008	Other Diagnosis – 4 must be within the valid domain of values.	MC045	Other Diagnosis – 4	7	C
2717	109334	2009	Other Diagnosis – 4 must be within the valid domain of values.	MC045	Other Diagnosis – 4	7	C
2717	2160	2010	Other Diagnosis – 4 must be within the valid domain of values.	MC045	Other Diagnosis – 4	7	C
2717	27980	2011	Other Diagnosis – 4 must be within the valid domain of values.	MC045	Other Diagnosis – 4	7	C
2717	2305	2012	Other Diagnosis – 4 must be within the valid domain of values.	MC045	Other Diagnosis – 4	7	C
2718	9391	2008	Other Diagnosis – 5 must be within the valid domain of values.	MC046	Other Diagnosis – 5	4	C
2718	100482	2009	Other Diagnosis – 5 must be within the valid domain of values.	MC046	Other Diagnosis – 5	4	C
2718	1599	2010	Other Diagnosis – 5 must be within the valid domain of values.	MC046	Other Diagnosis – 5	4	C
2718	30954	2011	Other Diagnosis – 5 must be within the valid domain of values.	MC046	Other Diagnosis – 5	4	C
2718	2244	2012	Other Diagnosis – 5 must be within the valid domain of values.	MC046	Other Diagnosis – 5	4	C
2719	7320	2008	Other Diagnosis – 6 must be within the valid domain of values.	MC047	Other Diagnosis – 6	3	C
2719	97527	2009	Other Diagnosis – 6 must be within the valid domain of values.	MC047	Other Diagnosis – 6	3	C
2719	1744	2010	Other Diagnosis – 6 must be within the valid domain of values.	MC047	Other Diagnosis – 6	3	C
2719	31475	2011	Other Diagnosis – 6 must be within the valid domain of values.	MC047	Other Diagnosis – 6	3	C
2719	1408	2012	Other Diagnosis – 6 must be within the valid domain of values.	MC047	Other Diagnosis – 6	3	C
2720	116843	2008	Other Diagnosis – 7 must be within the valid domain of values.	MC048	Other Diagnosis – 7	3	C
2720	267383	2009	Other Diagnosis – 7 must be within the valid domain of values.	MC048	Other Diagnosis – 7	3	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2720	226033	2010	Other Diagnosis – 7 must be within the valid domain of values.	MC048	Other Diagnosis – 7	3	C
2720	378456	2011	Other Diagnosis – 7 must be within the valid domain of values.	MC048	Other Diagnosis – 7	3	C
2720	458035	2012	Other Diagnosis – 7 must be within the valid domain of values.	MC048	Other Diagnosis – 7	3	C
2721	3599	2008	Other Diagnosis – 8 must be within the valid domain of values.	MC049	Other Diagnosis – 8	2	C
2721	108072	2009	Other Diagnosis – 8 must be within the valid domain of values.	MC049	Other Diagnosis – 8	2	C
2721	1273	2010	Other Diagnosis – 8 must be within the valid domain of values.	MC049	Other Diagnosis – 8	2	C
2721	44829	2011	Other Diagnosis – 8 must be within the valid domain of values.	MC049	Other Diagnosis – 8	2	C
2721	1463	2012	Other Diagnosis – 8 must be within the valid domain of values.	MC049	Other Diagnosis – 8	2	C
2722	2054	2008	Other Diagnosis – 9 must be within the valid domain of values.	MC050	Other Diagnosis – 9	1	C
2722	92920	2009	Other Diagnosis – 9 must be within the valid domain of values.	MC050	Other Diagnosis – 9	1	C
2722	1634	2010	Other Diagnosis – 9 must be within the valid domain of values.	MC050	Other Diagnosis – 9	1	C
2722	45527	2011	Other Diagnosis – 9 must be within the valid domain of values.	MC050	Other Diagnosis – 9	1	C
2722	3802	2012	Other Diagnosis – 9 must be within the valid domain of values.	MC050	Other Diagnosis – 9	1	C
2723	550	2008	Other Diagnosis – 10 must be within the valid domain of values.	MC051	Other Diagnosis – 10	1	C
2723	113633	2009	Other Diagnosis – 10 must be within the valid domain of values.	MC051	Other Diagnosis – 10	1	C
2723	434	2010	Other Diagnosis – 10 must be within the valid domain of values.	MC051	Other Diagnosis – 10	1	C
2723	31622	2011	Other Diagnosis – 10 must be within the valid domain of values.	MC051	Other Diagnosis – 10	1	C
2723	1032	2012	Other Diagnosis – 10 must be within the valid domain of values.	MC051	Other Diagnosis – 10	1	C
2724	633	2008	Other Diagnosis – 11 must be within the valid domain of values.	MC052	Other Diagnosis – 11	1	C
2724	80664	2009	Other Diagnosis – 11 must be within the valid domain of values.	MC052	Other Diagnosis – 11	1	C
2724	237	2010	Other Diagnosis – 11 must be within the valid domain of values.	MC052	Other Diagnosis – 11	1	C
2724	31561	2011	Other Diagnosis – 11 must be within the valid domain of values.	MC052	Other Diagnosis – 11	1	C
2724	500	2012	Other Diagnosis – 11 must be within the valid domain of values.	MC052	Other Diagnosis – 11	1	C
2725	364	2008	Other Diagnosis – 12 must be within the valid domain of values.	MC053	Other Diagnosis – 12	1	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
2725	85307	2009	Other Diagnosis – 12 must be within the valid domain of values.	MC053	Other Diagnosis – 12	1	C
2725	188	2010	Other Diagnosis – 12 must be within the valid domain of values.	MC053	Other Diagnosis – 12	1	C
2725	31529	2011	Other Diagnosis – 12 must be within the valid domain of values.	MC053	Other Diagnosis – 12	1	C
2725	551	2012	Other Diagnosis – 12 must be within the valid domain of values.	MC053	Other Diagnosis – 12	1	C
2729	1	2012	Formulary Code must be within the valid domain of values.	PC073	Formulary Code	90	A0
2730	3453716	2008	Route of Administration must be within the valid domain of values.	PC074	Route of Administration	80	B
2730	3910522	2009	Route of Administration must be within the valid domain of values.	PC074	Route of Administration	80	B
2730	3885419	2010	Route of Administration must be within the valid domain of values.	PC074	Route of Administration	80	B
2730	3723108	2011	Route of Administration must be within the valid domain of values.	PC074	Route of Administration	80	B
2730	3731303	2012	Route of Administration must be within the valid domain of values.	PC074	Route of Administration	80	B
2731	11115	2009	Member Gender must be within the valid domain of values.	DC012	Member Gender	100	B
2733	19779	2008	Claim Line Type must be within the valid domain of values.	DC059	Claim Line Type	80	A0
2733	79830	2009	Claim Line Type must be within the valid domain of values.	DC059	Claim Line Type	80	A0
2733	87148	2010	Claim Line Type must be within the valid domain of values.	DC059	Claim Line Type	80	A0
2733	18509	2011	Claim Line Type must be within the valid domain of values.	DC059	Claim Line Type	80	A0
2737	199310	2011	Accepting New Patients must be within the valid domain of values.	PV049	Accepting New Patients	100	B
2737	1622	2012	Accepting New Patients must be within the valid domain of values.	PV049	Accepting New Patients	100	B
2739	810393	2011	Has multiple offices must be within the valid domain of values.	PV052	Has multiple offices	100	A0
2740	1229	2011	PCP Flag must be within the valid domain of values.	PV055	PCP Flag	100	A0
2740	896	2012	PCP Flag must be within the valid domain of values.	PV055	PCP Flag	100	A0
2741	3171953	2011	Delegated Provider Record Flag must be within the valid domain of values.	PV058	Delegated Provider Record Flag	100	B
2741	783143	2012	Delegated Provider Record Flag must be within the valid domain of values.	PV058	Delegated Provider Record Flag	100	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3644	9191	2008	National Plan ID field must match the National Plan ID on the Header Record	DC002	National Plan ID	0	Z
3644	17895	2009	National Plan ID field must match the National Plan ID on the Header Record	DC002	National Plan ID	0	Z
3644	9739	2010	National Plan ID field must match the National Plan ID on the Header Record	DC002	National Plan ID	0	Z
3644	283154	2011	National Plan ID field must match the National Plan ID on the Header Record	DC002	National Plan ID	0	Z
3644	3019801	2012	National Plan ID field must match the National Plan ID on the Header Record	DC002	National Plan ID	0	Z
3646	20098	2008	Member zip code must be within the valid domain of values.	DC016	Member ZIP Code	99	B
3646	29486	2009	Member zip code must be within the valid domain of values.	DC016	Member ZIP Code	99	B
3646	36575	2010	Member zip code must be within the valid domain of values.	DC016	Member ZIP Code	99	B
3646	25292	2011	Member zip code must be within the valid domain of values.	DC016	Member ZIP Code	99	B
3646	23291	2012	Member zip code must be within the valid domain of values.	DC016	Member ZIP Code	99	B
3648	50731	2008	Service Provider Tax ID must be in valid Tax ID format	DC019	Service Provider Tax ID Number	99	C
3648	48815	2009	Service Provider Tax ID must be in valid Tax ID format	DC019	Service Provider Tax ID Number	99	C
3648	58454	2010	Service Provider Tax ID must be in valid Tax ID format	DC019	Service Provider Tax ID Number	99	C
3648	37294	2011	Service Provider Tax ID must be in valid Tax ID format	DC019	Service Provider Tax ID Number	99	C
3648	2	2012	Service Provider Tax ID must be in valid Tax ID format	DC019	Service Provider Tax ID Number	99	C
3649	661	2008	National Service Provider ID must be 10 digits	DC020	National Service Provider ID	98	C
3649	510	2009	National Service Provider ID must be 10 digits	DC020	National Service Provider ID	98	C
3649	289	2010	National Service Provider ID must be 10 digits	DC020	National Service Provider ID	98	C
3649	1824	2011	National Service Provider ID must be 10 digits	DC020	National Service Provider ID	98	C
3649	1100	2012	National Service Provider ID must be 10 digits	DC020	National Service Provider ID	98	C
3652	2	2011	Date of Service - From may not be future date	DC035	Date of Service - From	99	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3653	1	2009	Date of Service - Thru must be >= Date of Service - From	DC036	Date of Service - Thru	0	B
3654	23	2008	Billing Provider Tax ID Number must be in valid Tax ID format	DC044	Billing Provider Tax ID Number	90	C
3654	25	2009	Billing Provider Tax ID Number must be in valid Tax ID format	DC044	Billing Provider Tax ID Number	90	C
3654	10225	2010	Billing Provider Tax ID Number must be in valid Tax ID format	DC044	Billing Provider Tax ID Number	90	C
3654	1573	2011	Billing Provider Tax ID Number must be in valid Tax ID format	DC044	Billing Provider Tax ID Number	90	C
3654	2	2012	Billing Provider Tax ID Number must be in valid Tax ID format	DC044	Billing Provider Tax ID Number	90	C
3656	62636	2009	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.	MC002	National Plan ID	0	Z
3656	31302	2011	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.	MC002	National Plan ID	0	Z
3656	131033	2012	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.	MC002	National Plan ID	0	Z
3657	3515272	2008	Member zip code must be within the valid domain of values.	MC016	Member ZIP Code	98	B
3657	4461472	2009	Member zip code must be within the valid domain of values.	MC016	Member ZIP Code	98	B
3657	5660812	2010	Member zip code must be within the valid domain of values.	MC016	Member ZIP Code	98	B
3657	5864016	2011	Member zip code must be within the valid domain of values.	MC016	Member ZIP Code	98	B
3657	4087132	2012	Member zip code must be within the valid domain of values.	MC016	Member ZIP Code	98	B
3658	2182	2008	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.	MC089	Paid Date	98	A0
3658	396	2009	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.	MC089	Paid Date	98	A0
3658	72	2010	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.	MC089	Paid Date	98	A0
3658	1	2011	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.	MC089	Paid Date	98	A0
3658	3868	2012	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.	MC089	Paid Date	98	A0
3659	23892	2008	National Service Provider ID must be numeric and 10 digits.	MC026	National Service Provider ID	95	C
3659	80659	2009	National Service Provider ID must be numeric and 10 digits.	MC026	National Service Provider ID	95	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3659	16998	2010	National Service Provider ID must be numeric and 10 digits.	MC026	National Service Provider ID	95	C
3659	139045	2011	National Service Provider ID must be numeric and 10 digits.	MC026	National Service Provider ID	95	C
3659	64534	2012	National Service Provider ID must be numeric and 10 digits.	MC026	National Service Provider ID	95	C
3662	1	2008	Date of Service - From may not be future date	MC059	Date of Service – From	98	A0
3662	2	2010	Date of Service - From may not be future date	MC059	Date of Service – From	98	A0
3662	4	2011	Date of Service - From may not be future date	MC059	Date of Service – From	98	A0
3663	44	2008	Date of Service - Thru may not be future date	MC060	Date of Service – To	98	A0
3663	29	2009	Date of Service - Thru may not be future date	MC060	Date of Service – To	98	A0
3663	36	2010	Date of Service - Thru may not be future date	MC060	Date of Service – To	98	A0
3663	39	2011	Date of Service - Thru may not be future date	MC060	Date of Service – To	98	A0
3665	2159	2008	National Billing Provider ID must be ten digits long and numeric	MC077	National Billing Provider ID	99	B
3665	7504	2009	National Billing Provider ID must be ten digits long and numeric	MC077	National Billing Provider ID	99	B
3665	2307	2010	National Billing Provider ID must be ten digits long and numeric	MC077	National Billing Provider ID	99	B
3665	2404	2011	National Billing Provider ID must be ten digits long and numeric	MC077	National Billing Provider ID	99	B
3665	388	2012	National Billing Provider ID must be ten digits long and numeric	MC077	National Billing Provider ID	99	B
3666	17288210	2008	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC092	Covered Days	80	B
3666	18210984	2009	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC092	Covered Days	80	B
3666	25110647	2010	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x,	MC092	Covered Days	80	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			065x, 066x, 084x, 086x or 089x.				
3666	30917492	2011	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC092	Covered Days	80	B
3666	32950355	2012	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC092	Covered Days	80	B
3667	123719	2008	The Non Covered Days is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC093	Non Covered Days	80	B
3667	171060	2009	The Non Covered Days is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC093	Non Covered Days	80	B
3667	441602	2010	The Non Covered Days is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC093	Non Covered Days	80	B
3667	543673	2011	The Non Covered Days is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC093	Non Covered Days	80	B
3667	476631	2012	The Non Covered Days is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC093	Non Covered Days	80	B
3668	4499611	2008	Attending Provider is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002	MC125	Attending Provider	98	A1
3668	4224932	2009	Attending Provider is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002	MC125	Attending Provider	98	A1
3668	4187239	2010	Attending Provider is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002	MC125	Attending Provider	98	A1
3668	3993372	2011	Attending Provider is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002	MC125	Attending Provider	98	A1
3668	4641879	2012	Attending Provider is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002	MC125	Attending Provider	98	A1
3670	2190	2009	The National Plan ID within each record of the file must match the	ME002	National Plan ID	0	Z

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			National Plan ID on the Header Record.				
3670	2154	2010	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.	ME002	National Plan ID	0	Z
3670	98534	2011	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.	ME002	National Plan ID	0	Z
3670	182147	2012	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.	ME002	National Plan ID	0	Z
3671	944444	2009	Year must be 4 digits and be within the begin and end date on the header file.	ME004	Year	100	A0
3671	944444	2010	Year must be 4 digits and be within the begin and end date on the header file.	ME004	Year	100	A0
3677	3349	2009	If not NULL, Enrollment End Date must be > Enrollment Start Date	ME042	Product Enrollment End Date	98	B
3677	5175	2010	If not NULL, Enrollment End Date must be > Enrollment Start Date	ME042	Product Enrollment End Date	98	B
3677	49360	2011	If not NULL, Enrollment End Date must be > Enrollment Start Date	ME042	Product Enrollment End Date	98	B
3677	220541	2012	If not NULL, Enrollment End Date must be > Enrollment Start Date	ME042	Product Enrollment End Date	98	B
3678	22290	2009	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.	ME046	Member PCP ID	98	B
3678	28356	2010	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.	ME046	Member PCP ID	98	B
3678	16704	2011	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.	ME046	Member PCP ID	98	B
3678	397573	2011	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.	ME046	Member PCP ID	98	B
3678	621898	2012	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.	ME046	Member PCP ID	98	B
3680	19	2012	If not Null, Member PCP Termination Date cannot be prior to the Member PCP Effective date.	ME048	Member PCP Termination Date	98	B
3682	176120	2009	Eligibility Determination Date cannot be greater than the month of the submission file	ME054	Eligibility Determination Date	0	B



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3682	146920	2010	Eligibility Determination Date cannot be greater than the month of the submission file	ME054	Eligibility Determination Date	0	B
3682	180225	2011	Eligibility Determination Date cannot be greater than the month of the submission file	ME054	Eligibility Determination Date	0	B
3682	793215	2012	Eligibility Determination Date cannot be greater than the month of the submission file	ME054	Eligibility Determination Date	0	B
3683	1044	2009	Last Activity Date cannot be greater than the month of the submission file	ME056	Last Activity Date	0	B
3683	1399	2010	Last Activity Date cannot be greater than the month of the submission file	ME056	Last Activity Date	0	B
3683	5948	2011	Last Activity Date cannot be greater than the month of the submission file	ME056	Last Activity Date	0	B
3684	67	2011	If not Null, Date of death cannot be greater than the month of the submission file	ME057	Date of Death	0	C
3685	400078	2009	NewMMIS ID must be in valid format and length and is required when Year (ME004) and Month (ME005) is greater than 200904.	ME075	NewMMISID	0	B
3685	367010	2010	NewMMIS ID must be in valid format and length and is required when Year (ME004) and Month (ME005) is greater than 200904.	ME075	NewMMISID	0	B
3685	3947931	2011	NewMMIS ID must be in valid format and length and is required when Year (ME004) and Month (ME005) is greater than 200904.	ME075	NewMMISID	0	B
3685	3706296	2012	NewMMIS ID must be in valid format and length and is required when Year (ME004) and Month (ME005) is greater than 200904.	ME075	NewMMISID	0	B
3687	888	2009	Subscriber ZIP Code must match Subscriber City Name	ME110	Subscriber ZIP Code	99	A0
3687	915	2010	Subscriber ZIP Code must match Subscriber City Name	ME110	Subscriber ZIP Code	99	A0
3687	10766	2011	Subscriber ZIP Code must match Subscriber City Name	ME110	Subscriber ZIP Code	99	A0
3687	13681	2012	Subscriber ZIP Code must match Subscriber City Name	ME110	Subscriber ZIP Code	99	A0
3690	68	2008	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.	PC063	Paid Date	99	A0
3690	598	2009	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.	PC063	Paid Date	99	A0
3690	178714	2010	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.	PC063	Paid Date	99	A0
3690	14018	2011	Paid must be between the Period Begin and Period End Dates on the	PC063	Paid Date	99	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			Transmittal Record.				
3690	8970	2012	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.	PC063	Paid Date	99	A0
3696	483086	2008	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.	PC047	Prescribing Physician DEA Number	80	B
3696	1099336	2009	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.	PC047	Prescribing Physician DEA Number	80	B
3696	1369901	2010	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.	PC047	Prescribing Physician DEA Number	80	B
3696	1400342	2011	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.	PC047	Prescribing Physician DEA Number	80	B
3696	1179447	2012	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.	PC047	Prescribing Physician DEA Number	80	B
3699	928667	2008	Prescribing Physician NPI must be 10 characters and numeric.	PC048	Prescribing Physician NPI	80	C
3699	72727	2009	Prescribing Physician NPI must be 10 characters and numeric.	PC048	Prescribing Physician NPI	80	C
3699	25311	2010	Prescribing Physician NPI must be 10 characters and numeric.	PC048	Prescribing Physician NPI	80	C
3699	15728	2011	Prescribing Physician NPI must be 10 characters and numeric.	PC048	Prescribing Physician NPI	80	C
3699	158751	2012	Prescribing Physician NPI must be 10 characters and numeric.	PC048	Prescribing Physician NPI	80	C
3703	4311	2008	Date Prescription Written cannot be > Paid Date	PC064	Date Prescription Written	80	B
3703	18706	2008	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.	PC064	Date Prescription Written	80	B
3703	3764	2009	Date Prescription Written cannot be > Paid Date	PC064	Date Prescription Written	80	B
3703	25508	2009	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.	PC064	Date Prescription Written	80	B
3703	2107	2010	Date Prescription Written cannot be > Paid Date	PC064	Date Prescription Written	80	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3703	9313	2010	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.	PC064	Date Prescription Written	80	B
3703	799	2011	Date Prescription Written cannot be > Paid Date	PC064	Date Prescription Written	80	B
3703	12853	2011	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.	PC064	Date Prescription Written	80	B
3703	13606	2012	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.	PC064	Date Prescription Written	80	B
3704	2	2010	Product End Date must be > Product Start Date if Active Flag = 2	PR011	Product Active Flag	100	C
3704	60	2011	Product End Date must be > Product Start Date if Active Flag = 2	PR011	Product Active Flag	100	C
3704	15	2012	Product End Date must be > Product Start Date if Active Flag = 2	PR011	Product Active Flag	100	C
3705	98298	2011	Tax ID must be in proper tax ID format and have no hyphens	PV003	Tax Id	98	A2
3705	62591	2012	Tax ID must be in proper tax ID format and have no hyphens	PV003	Tax Id	98	A2
3706	809765	2011	DEA ID may not have letters V-Z in first position, must have letters in the first 2 positions and must have numbers in positions 3 - 9.	PV005	DEA Id	98	B
3706	365817	2012	DEA ID may not have letters V-Z in first position, must have letters in the first 2 positions and must have numbers in positions 3 - 9.	PV005	DEA Id	98	B
3712	43241180	2011	SSN ID is required when Provider ID Code (PV034) = 1 and when present SSN ID must be in valid SSN format.	PV035	SSN Id	98	A1
3712	31422836	2012	SSN ID is required when Provider ID Code (PV034) = 1 and when present SSN ID must be in valid SSN format.	PV035	SSN Id	98	A1
3713	8	2011	Begin Date cannot be future date	PV037	Begin Date	98	A2
3714	1760300	2011	End Date must be after Begin Date	PV038	End Date	98	B
3714	112809	2012	End Date must be after Begin Date	PV038	End Date	98	B
3715	90352	2011	National Provider ID must be ten numbers	PV039	National Provider ID	98	B
3715	30789	2012	National Provider ID must be ten numbers	PV039	National Provider ID	98	B
3716	18	2011	National Provider2 ID must be ten numbers and is required when Provider Type Code = 0, 1, 2, 3, 4 or 5.	PV040	National Provider2 ID	1	C
3716	11	2012	National Provider2 ID must be ten numbers and is required when Provider Type Code = 0, 1, 2, 3, 4 or 5.	PV040	National Provider2 ID	1	C
3717	66171729	2011	Provider Affiliation value must match a value in PV002 for a different record or the same record	PV056	Provider Affiliation	99	B
3717	58300824	2012	Provider Affiliation value must match a value in PV002 for a different record or the same record	PV056	Provider Affiliation	99	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3718	99234	2011	Provider telephone must be 10 characters with no hyphens	PV057	Provider Telephone	10	C
3718	291395	2012	Provider telephone must be 10 characters with no hyphens	PV057	Provider Telephone	10	C
3719	8	2011	Provider Affiliation Start Date cannot be a future date	PV062	Provider Affiliation Start Date	98	A0
3720	2514423	2011	Provider Affiliation End Date must be greater than Provider Affiliation Start Date	PV063	Provider Affiliation End Date	98	B
3720	26053	2012	Provider Affiliation End Date must be greater than Provider Affiliation Start Date	PV063	Provider Affiliation End Date	98	B
3722	7364007	2009	Interpreter must be within the valid domain of values.	ME074	Interpreter	0	C
3722	7980760	2010	Interpreter must be within the valid domain of values.	ME074	Interpreter	0	C
3722	8064074	2011	Interpreter must be within the valid domain of values.	ME074	Interpreter	0	C
3722	88529863	2012	Interpreter must be within the valid domain of values.	ME074	Interpreter	0	C
3727	228845	2011	Taxonomy must be within the valid domain of values.	PV022	Taxonomy	50	C
3727	215334	2012	Taxonomy must be within the valid domain of values.	PV022	Taxonomy	50	C
3728	988089	2008	Member SSN must be 9 digits, numeric and in valid format.	MC010	Member SSN	73	B
3728	1484917	2009	Member SSN must be 9 digits, numeric and in valid format.	MC010	Member SSN	73	B
3728	1738684	2010	Member SSN must be 9 digits, numeric and in valid format.	MC010	Member SSN	73	B
3728	2221415	2011	Member SSN must be 9 digits, numeric and in valid format.	MC010	Member SSN	73	B
3728	2656437	2012	Member SSN must be 9 digits, numeric and in valid format.	MC010	Member SSN	73	B
3729	1039306	2008	Subscriber SSN must be 9 digits, numeric and in valid format.	MC007	Subscriber SSN	79	B
3729	1574817	2009	Subscriber SSN must be 9 digits, numeric and in valid format.	MC007	Subscriber SSN	79	B
3729	1735816	2010	Subscriber SSN must be 9 digits, numeric and in valid format.	MC007	Subscriber SSN	79	B
3729	2165165	2011	Subscriber SSN must be 9 digits, numeric and in valid format.	MC007	Subscriber SSN	79	B
3729	2593164	2012	Subscriber SSN must be 9 digits, numeric and in valid format.	MC007	Subscriber SSN	79	B
3730	16882462	2008	Member SSN must be 9 digits, numeric and in valid format.	PC010	Member SSN	98	B
3730	16120255	2009	Member SSN must be 9 digits, numeric and in valid format.	PC010	Member SSN	98	B
3730	15516072	2010	Member SSN must be 9 digits, numeric and in valid format.	PC010	Member SSN	98	B
3730	14782039	2011	Member SSN must be 9 digits, numeric and in valid format.	PC010	Member SSN	98	B
3730	11069883	2012	Member SSN must be 9 digits, numeric and in valid format.	PC010	Member SSN	98	B
3731	16626004	2008	Subscriber SSN must be 9 digits, numeric and in valid format.	PC007	Subscriber SSN	85	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3731	15873118	2009	Subscriber SSN must be 9 digits, numeric and in valid format.	PC007	Subscriber SSN	85	B
3731	14122906	2010	Subscriber SSN must be 9 digits, numeric and in valid format.	PC007	Subscriber SSN	85	B
3731	12684214	2011	Subscriber SSN must be 9 digits, numeric and in valid format.	PC007	Subscriber SSN	85	B
3731	11330821	2012	Subscriber SSN must be 9 digits, numeric and in valid format.	PC007	Subscriber SSN	85	B
3732	298614	2008	Subscriber SSN must be 9 digits, numeric and in valid format.	DC007	Subscriber SSN	70	B
3732	431618	2009	Subscriber SSN must be 9 digits, numeric and in valid format.	DC007	Subscriber SSN	70	B
3732	511181	2010	Subscriber SSN must be 9 digits, numeric and in valid format.	DC007	Subscriber SSN	70	B
3732	399061	2011	Subscriber SSN must be 9 digits, numeric and in valid format.	DC007	Subscriber SSN	70	B
3732	398206	2012	Subscriber SSN must be 9 digits, numeric and in valid format.	DC007	Subscriber SSN	70	B
3733	2415717	2009	SubscriberUniqueIdentificationNumber must be 9 digits and numeric.	ME008	Subscriber Unique Identification Number	85	A0
3733	2120649	2010	SubscriberUniqueIdentificationNumber must be 9 digits and numeric.	ME008	Subscriber Unique Identification Number	85	A0
3733	26513067	2011	SubscriberUniqueIdentificationNumber must be 9 digits and numeric.	ME008	Subscriber Unique Identification Number	85	A0
3733	22157233	2012	SubscriberUniqueIdentificationNumber must be 9 digits and numeric.	ME008	Subscriber Unique Identification Number	85	A0
3734	2007072	2009	MemberIdentificationCode must be 9 digits and numeric.	ME011	Member Identification Code	68	A2
3734	1722403	2010	MemberIdentificationCode must be 9 digits and numeric.	ME011	Member Identification Code	68	A2
3734	20351699	2011	MemberIdentificationCode must be 9 digits and numeric.	ME011	Member Identification Code	68	A2
3734	16399261	2012	MemberIdentificationCode must be 9 digits and numeric.	ME011	Member Identification Code	68	A2
3735	146829	2008	MemberIdentificationCode must be 9 digits, numeric and in valid format.	DC010	Member Identification Code	70	B
3735	196450	2009	MemberIdentificationCode must be 9 digits, numeric and in valid format.	DC010	Member Identification Code	70	B
3735	215231	2010	MemberIdentificationCode must be 9 digits, numeric and in valid format.	DC010	Member Identification Code	70	B
3735	144915	2011	MemberIdentificationCode must be 9 digits, numeric and in valid format.	DC010	Member	70	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Identification Code		
3735	163609	2012	MemberIdentificationCode must be 9 digits, numeric and in valid format.	DC010	Member Identification Code	70	B
3736	25785	2008	DischargeDiagnosis must be within the valid domain of values.	MC136	Discharge Diagnosis	80	B
3736	102294	2009	DischargeDiagnosis must be within the valid domain of values.	MC136	Discharge Diagnosis	80	B
3736	29343	2010	DischargeDiagnosis must be within the valid domain of values.	MC136	Discharge Diagnosis	80	B
3736	71328	2011	DischargeDiagnosis must be within the valid domain of values.	MC136	Discharge Diagnosis	80	B
3736	29462	2012	DischargeDiagnosis must be within the valid domain of values.	MC136	Discharge Diagnosis	80	B
3737	1867561	2008	DischargeStatus must be within the valid domain of values.	MC023	Discharge Status	98	A1
3737	2513818	2009	DischargeStatus must be within the valid domain of values.	MC023	Discharge Status	98	A1
3737	2286411	2010	DischargeStatus must be within the valid domain of values.	MC023	Discharge Status	98	A1
3737	1041129	2011	DischargeStatus must be within the valid domain of values.	MC023	Discharge Status	98	A1
3737	682610	2012	Discharge Status must be within the valid domain of values.	MC023	Discharge Status	98	A1
3739	17652915	2008	Reason for adjustment must be within the valid domain of values.	MC080	Reason for Adjustment	80	A1
3739	20326404	2009	Reason for adjustment must be within the valid domain of values.	MC080	Reason for Adjustment	80	A1
3739	11819076	2010	Reason for adjustment must be within the valid domain of values.	MC080	Reason for Adjustment	80	A1
3739	4954727	2011	Reason for adjustment must be within the valid domain of values.	MC080	Reason for Adjustment	80	A1
3739	11347663	2012	Reason for adjustment must be within the valid domain of values.	MC080	Reason for Adjustment	80	A1
3740	5811	2008	Site of service must be within the valid domain of values.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3740	100443	2009	Site of service must be within the valid domain of values.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3740	2463395	2010	Site of service must be within the valid domain of values.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3740	2706450	2011	Site of service must be within the valid domain of values.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3740	2295349	2012	Site of service must be within the valid domain of values.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3741	30685	2008	TypeofBillBillClassification must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3741	14799	2009	TypeofBillBillClassification must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3741	12362	2010	TypeofBillBillClassification must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3741	18853	2011	TypeofBillBillClassification must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3741	9150	2012	TypeofBillBillClassification must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3742	3563	2008	TypeofBillFacilityType must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3742	2037	2009	TypeofBillFacilityType must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3742	2190	2010	TypeofBillFacilityType must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3742	501	2011	TypeofBillFacilityType must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3742	501	2012	TypeofBillFacilityType must be within the valid domain of values.	MC036	Type of Bill – on Facility Claims	90	A0
3744	4682	2008	Admission Type must be within the valid domain of values.	MC020	Admission Type	98	A1
3744	3839	2009	Admission Type must be within the valid domain of values.	MC020	Admission Type	98	A1
3744	8638	2010	Admission Type must be within the valid domain of values.	MC020	Admission Type	98	A1
3744	4340	2011	Admission Type must be within the valid domain of values.	MC020	Admission Type	98	A1
3744	3189	2012	Admission Type must be within the valid domain of values.	MC020	Admission Type	98	A1
3745	9653	2008	Admission Source must be within the valid domain of values.	MC021	Admission Source	80	A1
3745	10387	2009	Admission Source must be within the valid domain of values.	MC021	Admission Source	80	A1
3745	13015	2010	Admission Source must be within the valid domain of values.	MC021	Admission Source	80	A1
3745	16770	2011	Admission Source must be within the valid domain of values.	MC021	Admission Source	80	A1
3745	6002	2012	Admission Source must be within the valid domain of values.	MC021	Admission Source	80	A1

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3746	70709	2008	Admitting Diagnosis must be within the valid domain of values.	MC039	Admitting Diagnosis	98	A1
3746	53480	2009	Admitting Diagnosis must be within the valid domain of values.	MC039	Admitting Diagnosis	98	A1
3746	9779	2010	Admitting Diagnosis must be within the valid domain of values.	MC039	Admitting Diagnosis	98	A1
3746	23826	2011	Admitting Diagnosis must be within the valid domain of values.	MC039	Admitting Diagnosis	98	A1
3746	19293	2012	Admitting Diagnosis must be within the valid domain of values.	MC039	Admitting Diagnosis	98	A1
3747	3657269	2008	Denial Reason must be within the valid domain of values.	MC124	Denial Reason	80	B
3747	5316385	2009	Denial Reason must be within the valid domain of values.	MC124	Denial Reason	80	B
3747	3101970	2010	Denial Reason must be within the valid domain of values.	MC124	Denial Reason	80	B
3747	918165	2011	Denial Reason must be within the valid domain of values.	MC124	Denial Reason	80	B
3747	1314070	2012	Denial Reason must be within the valid domain of values.	MC124	Denial Reason	80	B
3748	407214	2011	SecondarySpecialty2Code must be within the valid domain of values.	PV042	Secondary Specialty2 Code	1	B
3748	506976	2012	SecondarySpecialty2Code must be within the valid domain of values.	PV042	Secondary Specialty2 Code	1	B
3749	41608	2011	SecondarySpecialty3Code must be within the valid domain of values.	PV043	Secondary Specialty3 Code	0	B
3749	37202	2012	SecondarySpecialty3Code must be within the valid domain of values.	PV043	Secondary Specialty3 Code	0	B
3750	1945096	2011	SecondarySpecialty4Code must be within the valid domain of values.	PV044	Secondary Specialty4 Code	0	B
3750	1878096	2012	SecondarySpecialty4Code must be within the valid domain of values.	PV044	Secondary Specialty4 Code	0	B
3753	86	2008	Member Date of Birth cannot be after the service date.	DC013	Member Date of Birth	99	B
3753	20	2009	Member Date of Birth cannot be after the service date.	DC013	Member Date of Birth	99	B
3753	24	2010	Member Date of Birth cannot be after the service date.	DC013	Member Date of Birth	99	B
3753	9	2011	Member Date of Birth cannot be after the service date.	DC013	Member Date of Birth	99	B
3754	6	2008	NationalProviderID must be in integer (no decimal points) format.	DC020	National Service Provider ID	98	C



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3754	9	2009	NationalProviderID must be in integer (no decimal points) format.	DC020	National Service Provider ID	98	C
3754	1440	2011	NationalProviderID must be in integer (no decimal points) format.	DC020	National Service Provider ID	98	C
3757	7	2009	Paid amount must be present when claim status = 01, 02, 03, 19, 20, 21.	DC038	Paid Amount	99	A0
3759	1928	2008	Member State or Province must be within the valid domain of values.	MC015	Member State or Province	98	B
3759	2175	2009	Member State or Province must be within the valid domain of values.	MC015	Member State or Province	98	B
3759	9	2009	Member State or Province must be within the valid domain of values.	MC015	Member State or Province	98	B
3759	2165	2010	Member State or Province must be within the valid domain of values.	MC015	Member State or Province	98	B
3759	4559	2011	Member State or Province must be within the valid domain of values.	MC015	Member State or Province	98	B
3759	12746	2012	Member State or Province must be within the valid domain of values.	MC015	Member State or Province	98	B
3760	141269	2008	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x ,089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).	MC018	Admission Date	98	A1
3760	30795	2009	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x ,089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).	MC018	Admission Date	98	A1
3760	34296	2010	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x ,089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).	MC018	Admission Date	98	A1
3760	122684	2011	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x ,089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).	MC018	Admission Date	98	A1
3760	189582	2012	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x ,089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).	MC018	Admission Date	98	A1
3761	13907348	2008	Admission Hour is required when Type of Bill on Facility Claims (MC036) =	MC019	Admission Hour	5	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.				
3761	11142429	2009	Admission Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.	MC019	Admission Hour	5	C
3761	8114252	2010	Admission Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.	MC019	Admission Hour	5	C
3761	8431589	2011	Admission Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.	MC019	Admission Hour	5	C
3761	6808939	2012	Admission Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.	MC019	Admission Hour	5	C
3762	4782374	2008	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3762	2061960	2008	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3762	4827886	2009	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3762	2696707	2009	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3762	5201577	2010	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission	MC022	Discharge Hour	5	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			Date (MC018) and the Discharge date (MC069) are equal.				
3762	2589977	2010	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3762	6181987	2011	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3762	762649	2011	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3762	4580819	2012	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.	MC022	Discharge Hour	5	C
3763	1625022	2008	Service Provider Tax ID must be numeric and 9 digits.	MC025	Service Provider Tax ID Number	97	C
3763	1815881	2009	Service Provider Tax ID must be numeric and 9 digits.	MC025	Service Provider Tax ID Number	97	C
3763	1373952	2010	Service Provider Tax ID must be numeric and 9 digits.	MC025	Service Provider Tax ID Number	97	C
3763	974471	2011	Service Provider Tax ID must be numeric and 9 digits.	MC025	Service Provider Tax ID Number	97	C
3763	770642	2012	Service Provider Tax ID must be numeric and 9 digits.	MC025	Service Provider Tax ID Number	97	C
3764	371610	2008	Discharge Date is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.	MC069	Discharge Date	98	B
3764	8604192	2009	Discharge Date is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.	MC069	Discharge Date	98	B
3764	3095957	2010	Discharge Date is required when Type of Bill on Facility Claims equals	MC069	Discharge Date	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.				
3764	239565	2011	Discharge Date is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.	MC069	Discharge Date	98	B
3764	290827	2012	Discharge Date is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.	MC069	Discharge Date	98	B
3766	10608021	2009	Eligibility Determination Date is cannot be before the Product Enrollment Date (ME041).	ME054	Eligibility Determination Date	0	B
3766	10066540	2010	Eligibility Determination Date is cannot be before the Product Enrollment Date (ME041).	ME054	Eligibility Determination Date	0	B
3766	68484435	2011	Eligibility Determination Date is cannot be before the Product Enrollment Date (ME041).	ME054	Eligibility Determination Date	0	B
3766	111511887	2012	Eligibility Determination Date is cannot be before the Product Enrollment Date (ME041).	ME054	Eligibility Determination Date	0	B
3767	432014	2008	The Pharmacy Tax ID must be 9 digits.	PC019	Pharmacy Tax ID Number	20	C
3767	645959	2009	The Pharmacy Tax ID must be 9 digits.	PC019	Pharmacy Tax ID Number	20	C
3767	23949	2010	The Pharmacy Tax ID must be 9 digits.	PC019	Pharmacy Tax ID Number	20	C
3767	7002	2011	The Pharmacy Tax ID must be 9 digits.	PC019	Pharmacy Tax ID Number	20	C
3767	6607	2012	The Pharmacy Tax ID must be 9 digits.	PC019	Pharmacy Tax ID Number	20	C
3768	220827	2008	The National Pharmacy ID Number must be 10 digits.	PC021	National Pharmacy ID Number	98	C
3768	203465	2009	The National Pharmacy ID Number must be 10 digits.	PC021	National Pharmacy ID Number	98	C
3768	201803	2010	The National Pharmacy ID Number must be 10 digits.	PC021	National Pharmacy ID Number	98	C
3768	359099	2011	The National Pharmacy ID Number must be 10 digits.	PC021	National Pharmacy ID Number	98	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3768	51119	2012	The National Pharmacy ID Number must be 10 digits.	PC021	National Pharmacy ID Number	98	C
3769	2199	2011	The Mailing State Code must be within the valid domain of values.	PV026	Mailing State Code	98	A0
3769	1990	2012	The Mailing State Code must be within the valid domain of values.	PV026	Mailing State Code	98	A0
3770	7151774	2008	The Billing Provider Tax ID Number must be 9 digits.	PC062	Billing Provider Tax ID Number	90	C
3770	8126446	2009	The Billing Provider Tax ID Number must be 9 digits.	PC062	Billing Provider Tax ID Number	90	C
3770	8508146	2010	The Billing Provider Tax ID Number must be 9 digits.	PC062	Billing Provider Tax ID Number	90	C
3770	8930824	2011	The Billing Provider Tax ID Number must be 9 digits.	PC062	Billing Provider Tax ID Number	90	C
3770	6451292	2012	The Billing Provider Tax ID Number must be 9 digits.	PC062	Billing Provider Tax ID Number	90	C
3771	258936	2008	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC020	Admission Type	98	A1
3771	112468	2009	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC020	Admission Type	98	A1
3771	134502	2010	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC020	Admission Type	98	A1
3771	161043	2011	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC020	Admission Type	98	A1
3771	253014	2012	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC020	Admission Type	98	A1
3772	961769	2008	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC021	Admission Source	80	A1
3772	805547	2009	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC021	Admission Source	80	A1
3772	841395	2010	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC021	Admission Source	80	A1

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3772	805637	2011	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC021	Admission Source	80	A1
3772	701985	2012	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.	MC021	Admission Source	80	A1
3773	2138859	2008	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.	MC036	Type of Bill – on Facility Claims	90	A0
3773	1343249	2009	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.	MC036	Type of Bill – on Facility Claims	90	A0
3773	963098	2010	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.	MC036	Type of Bill – on Facility Claims	90	A0
3773	588421	2011	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.	MC036	Type of Bill – on Facility Claims	90	A0
3773	2066134	2012	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.	MC036	Type of Bill – on Facility Claims	90	A0
3774	6302566	2008	The Site of Service On NSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3774	6176442	2009	The Site of Service On NSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3774	7076213	2010	The Site of Service On NSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3774	5606747	2011	The Site of Service On NSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3774	14253749	2012	The Site of Service On NSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.	MC037	Site of Service – on NSF/CMS 1500 Claims	65	A0
3775	893514	2008	The Admitting Diagnosis is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC039	Admitting Diagnosis	98	A1
3775	367580	2009	The Admitting Diagnosis is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC039	Admitting Diagnosis	98	A1
3775	190827	2010	The Admitting Diagnosis is required when Type of Claim (MC094) = 002	MC039	Admitting	98	A1

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.		Diagnosis		
3775	283719	2011	The Admitting Diagnosis is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC039	Admitting Diagnosis	98	A1
3775	321113	2012	The Admitting Diagnosis is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.	MC039	Admitting Diagnosis	98	A1
3777	17453082	2008	The Revenue Code is required when Type of Claim (MC094) = 002.	MC054	Revenue Code	90	A0
3777	15355675	2009	The Revenue Code is required when Type of Claim (MC094) = 002.	MC054	Revenue Code	90	A0
3777	13349145	2010	The Revenue Code is required when Type of Claim (MC094) = 002.	MC054	Revenue Code	90	A0
3777	16180889	2011	The Revenue Code is required when Type of Claim (MC094) = 002.	MC054	Revenue Code	90	A0
3777	12935427	2012	The Revenue Code is required when Type of Claim (MC094) = 002.	MC054	Revenue Code	90	A0
3779	3504337	2008	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.	MC058	ICD9-CM Procedure Code	66	A2
3779	3490729	2009	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.	MC058	ICD9-CM Procedure Code	66	A2
3779	3057860	2010	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.	MC058	ICD9-CM Procedure Code	66	A2
3779	2997661	2011	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.	MC058	ICD9-CM Procedure Code	66	A2
3779	3393533	2012	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.	MC058	ICD9-CM Procedure Code	66	A2
3780	829590	2008	The Quantity is required when Site of Service on NSF CMS 1500 claims is populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.	MC061	Quantity	98	A1
3780	1103069	2009	The Quantity is required when Site of Service on NSF CMS 1500 claims is populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.	MC061	Quantity	98	A1
3780	273594	2010	The Quantity is required when Site of Service on NSF CMS 1500 claims is	MC061	Quantity	98	A1

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.				
3780	43519	2011	The Quantity is required when Site of Service on NSF CMS 1500 claims is populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.	MC061	Quantity	98	A1
3780	36169	2012	The Quantity is required when Site of Service on NSF CMS 1500 claims is populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.	MC061	Quantity	98	A1
3781	404631	2008	The Paid Amount is required when Claim Status (MC038) = 01, 02,03,19,20, 21.	MC063	Paid Amount	99	A0
3781	514153	2009	The Paid Amount is required when Claim Status (MC038) = 01, 02,03,19,20, 21.	MC063	Paid Amount	99	A0
3781	498663	2010	The Paid Amount is required when Claim Status (MC038) = 01, 02,03,19,20, 21.	MC063	Paid Amount	99	A0
3781	244418	2011	The Paid Amount is required when Claim Status (MC038) = 01, 02,03,19,20, 21.	MC063	Paid Amount	99	A0
3781	236879	2012	The Paid Amount is required when Claim Status (MC038) = 01, 02,03,19,20, 21.	MC063	Paid Amount	99	A0
3782	8908260	2008	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.	MC068	Patient Control Number	10	A2
3782	6554155	2009	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.	MC068	Patient Control Number	10	A2
3782	5401434	2010	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.	MC068	Patient Control Number	10	A2
3782	5316229	2011	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.	MC068	Patient Control Number	10	A2
3782	7354628	2012	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.	MC068	Patient Control Number	10	A2
3783	526374	2008	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge	MC071	DRG	20	B



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			Hour (MC022) and Discharge Status (MC023) are populated.				
3783	799768	2009	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge Hour (MC022) and Discharge Status (MC023) are populated.	MC071	DRG	20	B
3783	1049800	2010	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge Hour (MC022) and Discharge Status (MC023) are populated.	MC071	DRG	20	B
3783	2728378	2011	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge Hour (MC022) and Discharge Status (MC023) are populated.	MC071	DRG	20	B
3783	2919632	2012	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge Hour (MC022) and Discharge Status (MC023) are populated.	MC071	DRG	20	B
3785	1554	2008	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, and 21.	MC096	Other Insurance Paid Amount	90	A2
3785	1754	2009	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, and 21.	MC096	Other Insurance Paid Amount	90	A2
3785	793	2010	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, and 21.	MC096	Other Insurance Paid Amount	90	A2
3785	587	2011	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, and 21.	MC096	Other Insurance Paid Amount	90	A2
3785	729	2012	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, and 21.	MC096	Other Insurance Paid Amount	90	A2
3786	332723	2008	The Medicare Paid Amount is required when Medicare Indicator = Y.	MC097	Medicare Paid Amount	98	B
3786	549344	2009	The Medicare Paid Amount is required when Medicare Indicator = Y.	MC097	Medicare Paid Amount	98	B
3786	561217	2010	The Medicare Paid Amount is required when Medicare Indicator = Y.	MC097	Medicare Paid Amount	98	B
3786	441849	2011	The Medicare Paid Amount is required when Medicare Indicator = Y.	MC097	Medicare Paid Amount	98	B
3786	493184	2012	The Medicare Paid Amount is required when Medicare Indicator = Y.	MC097	Medicare Paid Amount	98	B
3787	1282502	2008	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3787	340904	2008	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3787	1347159	2009	The Allowed amount is required when Claim Status does not equal 04 or	MC098	Allowed Amount	99	A2

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			22.				
3787	443299	2009	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3787	1346405	2010	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3787	229073	2010	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3787	935413	2011	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3787	472833	2011	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3787	1557113	2012	The Allowed amount is required when Claim Status does not equal 04 or 22.	MC098	Allowed Amount	99	A2
3788	513	2008	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	56842	2008	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	12542	2009	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	83126	2009	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	13949	2010	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	743244	2010	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	3247	2011	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	703626	2011	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3788	725659	2012	The Non Covered amount is required when Claim Status equals 04 or 22.	MC099	Non-Covered Amount	98	B
3789	4981360	2008	The Referring Provider ID is required when the Referral Indicator (MC118) equals 1.	MC112	Referring Provider ID	98	B
3789	5312590	2009	The Referring Provider ID is required when the Referral Indicator (MC118) equals 1.	MC112	Referring Provider ID	98	B
3789	5055269	2010	The Referring Provider ID is required when the Referral Indicator (MC118) equals 1.	MC112	Referring Provider ID	98	B
3789	5391445	2011	The Referring Provider ID is required when the Referral Indicator (MC118)	MC112	Referring Provider	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			equals 1.		ID		
3789	4387438	2012	The Referring Provider ID is required when the Referral Indicator (MC118) equals 1.	MC112	Referring Provider ID	98	B
3790	2204663	2008	The Discharge Diagnosis is required when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.	MC136	Discharge Diagnosis	80	B
3790	3081787	2009	The Discharge Diagnosis is required when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.	MC136	Discharge Diagnosis	80	B
3790	3016780	2010	The Discharge Diagnosis is required when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.	MC136	Discharge Diagnosis	80	B
3790	3866308	2011	The Discharge Diagnosis is required when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.	MC136	Discharge Diagnosis	80	B
3790	3980594	2012	The Discharge Diagnosis is required when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.	MC136	Discharge Diagnosis	80	B
3792	87	2009	The Health Care Home Tax ID Number is required when Home Health Care Assigned Flag (ME035) equals 1.	ME037	Health Care Home Tax ID Number	90	C
3792	62	2010	The Health Care Home Tax ID Number is required when Home Health Care Assigned Flag (ME035) equals 1.	ME037	Health Care Home Tax ID Number	90	C
3792	1559207	2011	The Health Care Home Tax ID Number is required when Home Health Care Assigned Flag (ME035) equals 1.	ME037	Health Care Home Tax ID Number	90	C
3792	4933298	2012	The Health Care Home Tax ID Number is required when Home Health Care Assigned Flag (ME035) equals 1.	ME037	Health Care Home Tax ID Number	90	C
3793	80075	2009	The Health Care National Provider ID is required (and must be 10 numbers long) when Home Health Care Assigned Flag (ME035) equals 1.	ME038	Health Care Home National Provider ID	10	C
3793	59782	2010	The Health Care National Provider ID is required (and must be 10 numbers long) when Home Health Care Assigned Flag (ME035) equals 1.	ME038	Health Care Home National Provider ID	10	C
3793	181530	2011	The Health Care National Provider ID is required (and must be 10 numbers long) when Home Health Care Assigned Flag (ME035) equals 1.	ME038	Health Care Home National Provider ID	10	C
3794	801	2009	The Health Care Home Name is required when Home Health Care Assigned Flag (ME035) equals 1.	ME039	Health Care Home Name	90	C
3794	702	2010	The Health Care Home Name is required when Home Health Care Assigned	ME039	Health Care Home	90	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			Flag (ME035) equals 1.		Name		
3794	1526389	2011	The Health Care Home Name is required when Home Health Care Assigned Flag (ME035) equals 1.	ME039	Health Care Home Name	90	C
3794	4881031	2012	The Health Care Home Name is required when Home Health Care Assigned Flag (ME035) equals 1.	ME039	Health Care Home Name	90	C
3795	11678	2009	The Date of Retirement is required when Employment Status (ME060) equals Retiree.	ME065	Date of Retirement	0	B
3795	10988	2010	The Date of Retirement is required when Employment Status (ME060) equals Retiree.	ME065	Date of Retirement	0	B
3795	236249	2011	The Date of Retirement is required when Employment Status (ME060) equals Retiree.	ME065	Date of Retirement	0	B
3795	860940	2012	The Date of Retirement is required when Employment Status (ME060) equals Retiree.	ME065	Date of Retirement	0	B
3796	6187815	2009	The Medical Deductible is required when Medical Coverage (ME018) equals 1.	ME111	Medical Deductible	90	B
3796	6770363	2010	The Medical Deductible is required when Medical Coverage (ME018) equals 1.	ME111	Medical Deductible	90	B
3796	23327969	2011	The Medical Deductible is required when Medical Coverage (ME018) equals 1.	ME111	Medical Deductible	90	B
3796	98244514	2012	The Medical Deductible is required when Medical Coverage (ME018) equals 1.	ME111	Medical Deductible	90	B
3797	12075980	2009	The Pharmacy Deductible is required when Pharmacy Coverage (ME019) equals 1.	ME112	Pharmacy Deductible	90	B
3797	12665915	2010	The Pharmacy Deductible is required when Pharmacy Coverage (ME019) equals 1.	ME112	Pharmacy Deductible	90	B
3797	93845942	2011	The Pharmacy Deductible is required when Pharmacy Coverage (ME019) equals 1.	ME112	Pharmacy Deductible	90	B
3797	175933375	2012	The Pharmacy Deductible is required when Pharmacy Coverage (ME019) equals 1.	ME112	Pharmacy Deductible	90	B
3798	6946213	2009	The Medical and Pharmacy Deductible is required when Medical and Pharmacy Coverage (ME018 and ME019) equal 1.	ME113	Medical and Pharmacy Deductible	90	B
3798	7428261	2010	The Medical and Pharmacy Deductible is required when Medical and Pharmacy Coverage (ME018 and ME019) equal 1.	ME113	Medical and Pharmacy Deductible	90	B
3798	15246198	2011	The Medical and Pharmacy Deductible is required when Medical and Pharmacy Coverage (ME018 and ME019) equal 1.	ME113	Medical and Pharmacy Deductible	90	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3798	92475953	2012	The Medical and Pharmacy Deductible is required when Medical and Pharmacy Coverage (ME018 and ME019) equal 1.	ME113	Medical and Pharmacy Deductible	90	B
3799	12316	2008	The Date Prescription filled cannot be greater than the Date Prescription written.	PC032	Date Prescription Filled	99	A0
3799	72796	2009	The Date Prescription filled cannot be greater than the Date Prescription written.	PC032	Date Prescription Filled	99	A0
3799	26989	2010	The Date Prescription filled cannot be greater than the Date Prescription written.	PC032	Date Prescription Filled	99	A0
3799	10788	2011	The Date Prescription filled cannot be greater than the Date Prescription written.	PC032	Date Prescription Filled	99	A0
3799	1335	2012	The Date Prescription filled cannot be greater than the Date Prescription written.	PC032	Date Prescription Filled	99	A0
3800	422914	2011	The Last Name is required when the ProviderID Code (PV034) = 1.	PV008	Last Name	98	A0
3800	156407	2012	The Last Name is required when the ProviderID Code (PV034) = 1.	PV008	Last Name	98	A0
3801	3765317	2011	The First Name is required when the ProviderID Code (PV034) = 1.	PV009	First Name	98	A2
3801	2219868	2012	The First Name is required when the ProviderID Code (PV034) = 1.	PV009	First Name	98	A2
3802	27249881	2011	The Middle Initial is required when the ProviderID Code (PV034) = 1.	PV010	Middle Initial	1	C
3802	26268729	2012	The Middle Initial is required when the ProviderID Code (PV034) = 1.	PV010	Middle Initial	1	C
3803	96533	2011	The Entity Name is required when the ProviderID Code (PV034) = 2.	PV012	Entity Name	98	A1
3803	51834	2012	The Entity Name is required when the ProviderID Code (PV034) = 2.	PV012	Entity Name	98	A1
3804	147632967	2011	The Taxonomy is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5.	PV022	Taxonomy	50	C
3804	89304558	2012	The Taxonomy is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5.	PV022	Taxonomy	50	C
3805	5245972	2011	The Primary Specialty Code is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5.	PV030	Primary Specialty Code	98	B
3805	4967171	2012	The Primary Specialty Code is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5.	PV030	Primary Specialty Code	98	B
3806	5279225	2011	The Medicare is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5 and the UPINID (PV004) is not null.	PV036	Medicare Id	90	B
3806	5590215	2012	The Medicare is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5 and the UPINID (PV004) is not null.	PV036	Medicare Id	90	B
3807	21558228	2011	The National Provider ID is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5.	PV039	National Provider ID	98	B
3807	14865850	2012	The National Provider ID is required when the ProviderIDCode (PV034)	PV039	National Provider	98	B

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			equals 0, 1,2,3,4, or 5.		ID		
3808	164631546	2011	The Secondary Specialty 2 Code is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5.	PV042	Secondary Specialty2 Code	1	B
3808	117702514	2012	The Secondary Specialty 2 Code is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4, or 5.	PV042	Secondary Specialty2 Code	1	B
3812	1528671	2008	The Denial Reason is required when the Denied Flag (MC123) = 1.	MC124	Denial Reason	80	B
3812	2118036	2009	The Denial Reason is required when the Denied Flag (MC123) = 1.	MC124	Denial Reason	80	B
3812	4472932	2010	The Denial Reason is required when the Denied Flag (MC123) = 1.	MC124	Denial Reason	80	B
3812	8631915	2011	The Denial Reason is required when the Denied Flag (MC123) = 1.	MC124	Denial Reason	80	B
3812	18661973	2012	The Denial Reason is required when the Denied Flag (MC123) = 1.	MC124	Denial Reason	80	B
3813	694967	2008	The Member Address 2 is required when the Member Street Address (DC043) is not present.	DC058	Member Address 2	2	B
3813	501082	2009	The Member Address 2 is required when the Member Street Address (DC043) is not present.	DC058	Member Address 2	2	B
3813	133211	2010	The Member Address 2 is required when the Member Street Address (DC043) is not present.	DC058	Member Address 2	2	B
3813	127437	2011	The Member Address 2 is required when the Member Street Address (DC043) is not present.	DC058	Member Address 2	2	B
3813	129231	2012	The Member Address 2 is required when the Member Street Address (DC043) is not present.	DC058	Member Address 2	2	B
3814	401950	2008	The Member Address 2 is required when the Member Street Address (MC082) is not present.	MC140	Member address 2	1	B
3814	426641	2009	The Member Address 2 is required when the Member Street Address (MC082) is not present.	MC140	Member address 2	1	B
3814	398667	2010	The Member Address 2 is required when the Member Street Address (MC082) is not present.	MC140	Member address 2	1	B
3814	422201	2011	The Member Address 2 is required when the Member Street Address (MC082) is not present.	MC140	Member address 2	1	B
3814	673579	2012	The Member Address 2 is required when the Member Street Address (MC082) is not present.	MC140	Member address 2	1	B
3815	26089	2009	The Other Race is required when the Race 2 (ME022) or Race 1 (ME021) = R9.	ME023	Other Race	99	C
3815	21459	2010	The Other Race is required when the Race 2 (ME022) or Race 1 (ME021) = R9.	ME023	Other Race	99	C
3815	287050	2011	The Other Race is required when the Race 2 (ME022) or Race 1 (ME021) = R9.	ME023	Other Race	99	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3815	230823	2012	The Other Race is required when the Race 2 (ME022) or Race 1 (ME021) = R9.	ME023	Other Race	99	C
3816	745	2009	The Other Ethnicity is required when the Ethnicity 1 (ME025) or Ethnicity 1 (ME026) = Other.	ME027	Other Ethnicity	99	C
3816	1063	2010	The Other Ethnicity is required when the Ethnicity 1 (ME025) or Ethnicity 1 (ME026) = Other.	ME027	Other Ethnicity	99	C
3816	36354	2011	The Other Ethnicity is required when the Ethnicity 1 (ME025) or Ethnicity 1 (ME026) = Other.	ME027	Other Ethnicity	99	C
3816	264679	2012	The Other Ethnicity is required when the Ethnicity 1 (ME025) or Ethnicity 1 (ME026) = Other.	ME027	Other Ethnicity	99	C
3818	1627323	2009	The Member Deductible Used is required when the Member Deductible (ME049) is greater than zero.	ME050	Member Deductible Used	0	B
3818	1921215	2010	The Member Deductible Used is required when the Member Deductible (ME049) is greater than zero.	ME050	Member Deductible Used	0	B
3818	24740266	2011	The Member Deductible Used is required when the Member Deductible (ME049) is greater than zero.	ME050	Member Deductible Used	0	B
3818	28357692	2012	The Member Deductible Used is required when the Member Deductible (ME049) is greater than zero.	ME050	Member Deductible Used	0	B
3819	3612469	2009	The Behavioral Health Deductible is required when the Behavioral Health Benefit Flag (ME051) equals 1.	ME114	Behavioral Health Deductible	90	B
3819	3629881	2010	The Behavioral Health Deductible is required when the Behavioral Health Benefit Flag (ME051) equals 1.	ME114	Behavioral Health Deductible	90	B
3819	47788189	2011	The Behavioral Health Deductible is required when the Behavioral Health Benefit Flag (ME051) equals 1.	ME114	Behavioral Health Deductible	90	B
3819	63181767	2012	The Behavioral Health Deductible is required when the Behavioral Health Benefit Flag (ME051) equals 1.	ME114	Behavioral Health Deductible	90	B
3820	34203181	2008	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.	PC052	Prescribing Physician Street Address 2	2	C
3820	35596679	2009	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.	PC052	Prescribing Physician Street Address 2	2	C
3820	38139392	2010	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.	PC052	Prescribing Physician Street Address 2	2	C
3820	50203263	2011	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.	PC052	Prescribing Physician Street Address 2	2	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3820	44552261	2012	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.	PC052	Prescribing Physician Street Address 2	2	C
3821	3381472	2008	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.	PC109	Member Street Address 2	0	B
3821	521131	2009	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.	PC109	Member Street Address 2	0	B
3821	183995	2010	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.	PC109	Member Street Address 2	0	B
3821	171366	2011	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.	PC109	Member Street Address 2	0	B
3821	581290	2012	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.	PC109	Member Street Address 2	0	B
3822	4780526	2011	The UPIN ID is required when the ProviderIDCode (PV034) equals 1 and (PV036) Medicare ID is not blank.	PV004	UPIN Id	0	B
3822	5076723	2012	The UPIN ID is required when the ProviderIDCode (PV034) equals 1 and (PV036) Medicare ID is not blank.	PV004	UPIN Id	0	B
3823	200632	2011	The DEA ID is required when the ProviderIDCode (PV034) equals 0, 1,2,3,4 or 5.	PV005	DEA Id	98	B
3823	34043919	2011	The DEA ID is required when the ProviderIDCode (PV034) equals 1.	PV005	DEA Id	98	B
3823	26521665	2012	The DEA ID is required when the ProviderIDCode (PV034) equals 1.	PV005	DEA Id	98	B
3824	36861256	2011	The Date of Birth is required when the ProviderIDCode (PV034) equals 1.	PV015	DOB Date	20	B
3824	29574701	2012	The Date of Birth is required when the ProviderIDCode (PV034) equals 1.	PV015	DOB Date	20	B
3825	708	2008	Service Provider State must be within the valid domain of values.	DC028	Service Provider State	98	B
3825	604	2009	Service Provider State must be within the valid domain of values.	DC028	Service Provider State	98	B
3825	1116	2010	Service Provider State must be within the valid domain of values.	DC028	Service Provider State	98	B
3825	859	2011	Service Provider State must be within the valid domain of values.	DC028	Service Provider State	98	B
3825	1718	2012	Service Provider State must be within the valid domain of values.	DC028	Service Provider State	98	B
3826	8078	2008	Service Provider Zip Code must be within the valid domain of values.	DC029	Service Provider ZIP Code	98	B
3826	10536	2009	Service Provider Zip Code must be within the valid domain of values.	DC029	Service Provider ZIP Code	98	B



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3826	20717	2010	Service Provider Zip Code must be within the valid domain of values.	DC029	Service Provider ZIP Code	98	B
3826	14844	2011	Service Provider Zip Code must be within the valid domain of values.	DC029	Service Provider ZIP Code	98	B
3826	10888	2012	Service Provider Zip Code must be within the valid domain of values.	DC029	Service Provider ZIP Code	98	B
3827	877	2008	Facility Type must be within the valid domain of values.	DC030	Facility Type - Professional	80	B
3827	11138	2009	Facility Type must be within the valid domain of values.	DC030	Facility Type - Professional	80	B
3827	19	2010	Facility Type must be within the valid domain of values.	DC030	Facility Type - Professional	80	B
3827	8434	2011	Facility Type must be within the valid domain of values.	DC030	Facility Type - Professional	80	B
3827	38688	2012	Facility Type must be within the valid domain of values.	DC030	Facility Type - Professional	80	B
3828	4926162	2008	Tooth Number/Letter must be within the valid domain of values.	DC047	Tooth Number/Letter	0	C
3828	3504066	2009	Tooth Number/Letter must be within the valid domain of values.	DC047	Tooth Number/Letter	0	C
3828	2411868	2010	Tooth Number/Letter must be within the valid domain of values.	DC047	Tooth Number/Letter	0	C
3828	2379361	2011	Tooth Number/Letter must be within the valid domain of values.	DC047	Tooth Number/Letter	0	C
3828	1821853	2012	Tooth Number/Letter must be within the valid domain of values.	DC047	Tooth Number/Letter	0	C
3829	472552	2008	Tooth Surface must be within the valid domain of values.	DC049	Tooth Surface	0	C
3829	583478	2009	Tooth Surface must be within the valid domain of values.	DC049	Tooth Surface	0	C
3829	692954	2010	Tooth Surface must be within the valid domain of values.	DC049	Tooth Surface	0	C
3829	505870	2011	Tooth Surface must be within the valid domain of values.	DC049	Tooth Surface	0	C
3829	527358	2012	Tooth Surface must be within the valid domain of values.	DC049	Tooth Surface	0	C
3830	46742	2008	Dental Quadrant must be within the valid domain of values.	DC048	Dental Quadrant	0	C
3830	855270	2009	Dental Quadrant must be within the valid domain of values.	DC048	Dental Quadrant	0	C
3830	2735952	2010	Dental Quadrant must be within the valid domain of values.	DC048	Dental Quadrant	0	C
3830	44748	2011	Dental Quadrant must be within the valid domain of values.	DC048	Dental Quadrant	0	C
3830	49225	2012	Dental Quadrant must be within the valid domain of values.	DC048	Dental Quadrant	0	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3831	557	2010	Other Product Benefit Description is required when PR006 = 0.	PR007	Other Product Benefit Description	100	B
3831	334	2011	Other Product Benefit Description is required when PR006 = 0.	PR007	Other Product Benefit Description	100	B
3831	99	2012	Other Product Benefit Description is required when PR006 = 0.	PR007	Other Product Benefit Description	100	B
3832	25	2010	Risk Type must be within the valid domain of values.	PR008	Risk Type	100	A2
3832	92	2011	Risk Type must be within the valid domain of values.	PR008	Risk Type	100	A2
3832	72	2012	Risk Type must be within the valid domain of values.	PR008	Risk Type	100	A2
3833	325	2008	The Member Date of Birth cannot be greater than the date of service.	PC013	Member Date of Birth	99	B
3833	206	2009	The Member Date of Birth cannot be greater than the date of service.	PC013	Member Date of Birth	99	B
3833	200	2010	The Member Date of Birth cannot be greater than the date of service.	PC013	Member Date of Birth	99	B
3833	64	2011	The Member Date of Birth cannot be greater than the date of service.	PC013	Member Date of Birth	99	B
3833	24	2012	The Member Date of Birth cannot be greater than the date of service.	PC013	Member Date of Birth	99	B
3834	52	2008	The Member State must be within the valid domain of values.	PC015	Member State	99	B
3834	32	2009	The Member State must be within the valid domain of values.	PC015	Member State	99	B
3834	62	2010	The Member State must be within the valid domain of values.	PC015	Member State	99	B
3834	163	2011	The Member State must be within the valid domain of values.	PC015	Member State	99	B
3834	4811	2012	The Member State must be within the valid domain of values.	PC015	Member State	99	B
3835	295	2008	The Pharmacy Location State must be within the valid domain of values.	PC023	Pharmacy Location State	90	B
3835	607	2009	The Pharmacy Location State must be within the valid domain of values.	PC023	Pharmacy Location State	90	B
3835	2555	2010	The Pharmacy Location State must be within the valid domain of values.	PC023	Pharmacy Location State	90	B
3835	249	2011	The Pharmacy Location State must be within the valid domain of values.	PC023	Pharmacy Location State	90	B
3835	582	2012	The Pharmacy Location State must be within the valid domain of values.	PC023	Pharmacy Location State	90	B
3836	7481998	2008	The Pharmacy Zip Code must be within the valid domain of values.	PC024	Pharmacy ZIP Code	90	B
3836	7657750	2009	The Pharmacy Zip Code must be within the valid domain of values.	PC024	Pharmacy ZIP Code	90	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3836	8443333	2010	The Pharmacy Zip Code must be within the valid domain of values.	PC024	Pharmacy ZIP Code	90	B
3836	8381550	2011	The Pharmacy Zip Code must be within the valid domain of values.	PC024	Pharmacy ZIP Code	90	B
3836	8212832	2012	The Pharmacy Zip Code must be within the valid domain of values.	PC024	Pharmacy ZIP Code	90	B
3837	797761	2008	The Pharmacy Country Code must be within the valid domain of values.	PC024A	Pharmacy Country Code	90	B
3837	928778	2009	The Pharmacy Country Code must be within the valid domain of values.	PC024A	Pharmacy Country Code	90	B
3837	2148739	2010	The Pharmacy Country Code must be within the valid domain of values.	PC024A	Pharmacy Country Code	90	B
3837	1955419	2011	The Pharmacy Country Code must be within the valid domain of values.	PC024A	Pharmacy Country Code	90	B
3837	1264853	2012	The Pharmacy Country Code must be within the valid domain of values.	PC024A	Pharmacy Country Code	90	B
3838	5038	2008	The Prescribing Physician State must be within the valid domain of values.	PC054	Prescribing Physician State	10	C
3838	5619	2009	The Prescribing Physician State must be within the valid domain of values.	PC054	Prescribing Physician State	10	C
3838	4666	2010	The Prescribing Physician State must be within the valid domain of values.	PC054	Prescribing Physician State	10	C
3838	4391	2011	The Prescribing Physician State must be within the valid domain of values.	PC054	Prescribing Physician State	10	C
3838	4269	2012	The Prescribing Physician State must be within the valid domain of values.	PC054	Prescribing Physician State	10	C
3839	660962	2008	The Prescribing Physician Zip must be within the valid domain of values.	PC055	Prescribing Physician Zip	10	C
3839	907071	2009	The Prescribing Physician Zip must be within the valid domain of values.	PC055	Prescribing Physician Zip	10	C
3839	1932408	2010	The Prescribing Physician Zip must be within the valid domain of values.	PC055	Prescribing Physician Zip	10	C
3839	1452857	2011	The Prescribing Physician Zip must be within the valid domain of values.	PC055	Prescribing Physician Zip	10	C
3839	903536	2012	The Prescribing Physician Zip must be within the valid domain of values.	PC055	Prescribing Physician Zip	10	C
3840	646	2011	The State Code must be within the valid domain of values.	PV019	State Code	98	A0
3840	348	2012	The State Code must be within the valid domain of values.	PV019	State Code	98	A0
3841	425101	2011	The Country Code must be within the valid domain of values.	PV020	Country Code	98	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3841	401706	2012	The Country Code must be within the valid domain of values.	PV020	Country Code	98	C
3842	410469	2011	The Mailing Country Code must be within the valid domain of values.	PV027	Mailing Country Code	98	C
3842	424585	2012	The Mailing Country Code must be within the valid domain of values.	PV027	Mailing Country Code	98	C
3845	100	2009	The Member State or Province must be within the valid domain of values.	ME016	Member State or Province	99	A0
3845	127	2010	The Member State or Province must be within the valid domain of values.	ME016	Member State or Province	99	A0
3845	1231	2011	The Member State or Province must be within the valid domain of values.	ME016	Member State or Province	99	A0
3845	3945	2012	The Member State or Province must be within the valid domain of values.	ME016	Member State or Province	99	A0
3846	40900	2009	The Member ZIP Code must be within the valid domain of values.	ME017	Member ZIP Code	99	A0
3846	49990	2010	The Member ZIP Code must be within the valid domain of values.	ME017	Member ZIP Code	99	A0
3846	372353	2011	The Member ZIP Code must be within the valid domain of values.	ME017	Member ZIP Code	99	A0
3846	474994	2012	The Member ZIP Code must be within the valid domain of values.	ME017	Member ZIP Code	99	A0
3847	888	2009	The Subscriber State or Province must be within the valid domain of values.	ME109	Subscriber State or Province	99	A0
3847	915	2010	The Subscriber State or Province must be within the valid domain of values.	ME109	Subscriber State or Province	99	A0
3847	12324	2011	The Subscriber State or Province must be within the valid domain of values.	ME109	Subscriber State or Province	99	A0
3847	13681	2012	The Subscriber State or Province must be within the valid domain of values.	ME109	Subscriber State or Province	99	A0
3848	1465	2008	The Member Date of Birth cannot be after the date of service.	MC013	Member Date of Birth	98	B
3848	3487	2009	The Member Date of Birth cannot be after the date of service.	MC013	Member Date of Birth	98	B
3848	2461	2010	The Member Date of Birth cannot be after the date of service.	MC013	Member Date of Birth	98	B
3848	924	2011	The Member Date of Birth cannot be after the date of service.	MC013	Member Date of Birth	98	B
3848	692	2012	The Member Date of Birth cannot be after the date of service.	MC013	Member Date of Birth	98	B
3849	349880	2008	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of	MC023	Discharge Status	98	A1

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			Claim (MC094) = 002.				
3849	113246	2009	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim (MC094) = 002.	MC023	Discharge Status	98	A1
3849	43656	2010	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim (MC094) = 002.	MC023	Discharge Status	98	A1
3849	61111	2011	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim (MC094) = 002.	MC023	Discharge Status	98	A1
3849	74962	2012	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim (MC094) = 002.	MC023	Discharge Status	98	A1
3850	27917872	2008	The Service Provider Specialty must be within the valid domain of values.	MC032	Service Provider Specialty	98	B
3850	31597476	2009	The Service Provider Specialty must be within the valid domain of values.	MC032	Service Provider Specialty	98	B
3850	18117669	2010	The Service Provider Specialty must be within the valid domain of values.	MC032	Service Provider Specialty	98	B
3850	4151933	2011	The Service Provider Specialty must be within the valid domain of values.	MC032	Service Provider Specialty	98	B
3850	1793801	2012	The Service Provider Specialty must be within the valid domain of values.	MC032	Service Provider Specialty	98	B
3851	51650491	2008	The Service Provider State must be within the valid domain of values.	MC034	Service Provider State	98	B
3851	59070873	2009	The Service Provider State must be within the valid domain of values.	MC034	Service Provider State	98	B
3851	68168060	2010	The Service Provider State must be within the valid domain of values.	MC034	Service Provider State	98	B
3851	72983795	2011	The Service Provider State must be within the valid domain of values.	MC034	Service Provider State	98	B
3851	57652266	2012	The Service Provider State must be within the valid domain of values.	MC034	Service Provider State	98	B
3852	5492806	2008	The Service Provider Zip Code must be within the valid domain of values.	MC035	Service Provider ZIP Code	98	B
3852	5499250	2009	The Service Provider Zip Code must be within the valid domain of values.	MC035	Service Provider ZIP Code	98	B
3852	3570239	2010	The Service Provider Zip Code must be within the valid domain of values.	MC035	Service Provider	98	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					ZIP Code		
3852	4725240	2011	The Service Provider Zip Code must be within the valid domain of values.	MC035	Service Provider ZIP Code	98	B
3852	17785526	2012	The Service Provider Zip Code must be within the valid domain of values.	MC035	Service Provider ZIP Code	98	B
3853	298265	2008	The Service Provider Country Code must be within the valid domain of values.	MC070	Service Provider Country Code	98	C
3853	445464	2009	The Service Provider Country Code must be within the valid domain of values.	MC070	Service Provider Country Code	98	C
3853	391735	2010	The Service Provider Country Code must be within the valid domain of values.	MC070	Service Provider Country Code	98	C
3853	425871	2011	The Service Provider Country Code must be within the valid domain of values.	MC070	Service Provider Country Code	98	C
3853	428997	2012	The Service Provider Country Code must be within the valid domain of values.	MC070	Service Provider Country Code	98	C
3854	1622659	2008	The DRG Version is required when DRG (MC071) is present.	MC072	DRG Version	20	B
3854	2089150	2009	The DRG Version is required when DRG (MC071) is present.	MC072	DRG Version	20	B
3854	1767150	2010	The DRG Version is required when DRG (MC071) is present.	MC072	DRG Version	20	B
3854	2110332	2011	The DRG Version is required when DRG (MC071) is present.	MC072	DRG Version	20	B
3854	2225223	2012	The DRG Version is required when DRG (MC071) is present.	MC072	DRG Version	20	B
3855	12037246	2008	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.	MC139	Former Claim Number	0	B
3855	11920569	2009	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.	MC139	Former Claim Number	0	B
3855	11410040	2010	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.	MC139	Former Claim Number	0	B
3855	17188808	2011	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.	MC139	Former Claim Number	0	B
3855	10684134	2012	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.	MC139	Former Claim Number	0	B
3856	27738	2008	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.	DC060	Former Claim Number	0	B
3856	33829	2009	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.	DC060	Former Claim Number	0	B
3856	37823	2010	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.	DC060	Former Claim Number	0	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3856	37939	2011	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.	DC060	Former Claim Number	0	B
3856	40839	2012	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.	DC060	Former Claim Number	0	B
3858	2620015	2011	The National ProviderID must be within the valid domain of values.	PV039	National Provider ID	98	B
3858	1514479	2012	The National ProviderID must be within the valid domain of values.	PV039	National Provider ID	98	B
3859	1262185	2011	The National Provider2ID must be within the valid domain of values.	PV040	National Provider2 ID	1	C
3859	619029	2012	The National Provider2ID must be within the valid domain of values.	PV040	National Provider2 ID	1	C
3860	62636	2009	The LOINC Code must be within the valid domain of values.	MC090	LOINC Code	0	B
3860	31302	2011	The LOINC Code must be within the valid domain of values.	MC090	LOINC Code	0	B
3861	954873	2008	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	MC100	Delegated Benefit Administrator Organization ID	0	C
3861	1126991	2009	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	MC100	Delegated Benefit Administrator Organization ID	0	C
3861	1211124	2010	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	MC100	Delegated Benefit Administrator Organization ID	0	C
3861	1248030	2011	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	MC100	Delegated Benefit Administrator Organization ID	0	C
3861	1281602	2012	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	MC100	Delegated Benefit Administrator Organization ID	0	C
3862	4748631	2008	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	PC072	Delegated Benefit Administrator Organization ID	0	C
3862	4854138	2009	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	PC072	Delegated Benefit Administrator Organization ID	0	C
3862	6363953	2010	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	PC072	Delegated Benefit Administrator Organization ID	0	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3862	14708610	2011	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	PC072	Delegated Benefit Administrator Organization ID	0	C
3862	3884623	2012	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	PC072	Delegated Benefit Administrator Organization ID	0	C
3863	1243334	2008	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	DC025	Delegated Benefit Administrator Organization ID	0	C
3863	2173407	2009	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	DC025	Delegated Benefit Administrator Organization ID	0	C
3863	4155714	2010	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	DC025	Delegated Benefit Administrator Organization ID	0	C
3863	4068953	2011	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	DC025	Delegated Benefit Administrator Organization ID	0	C
3863	3743865	2012	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.	DC025	Delegated Benefit Administrator Organization ID	0	C
3864	1055441	2008	Service Provider Specialty must be within the valid domain of values.	DC026	Service Provider Specialty	98	B
3864	1453348	2009	Service Provider Specialty must be within the valid domain of values.	DC026	Service Provider Specialty	98	B
3864	1513876	2010	Service Provider Specialty must be within the valid domain of values.	DC026	Service Provider Specialty	98	B
3864	1475947	2011	Service Provider Specialty must be within the valid domain of values.	DC026	Service Provider Specialty	98	B
3864	892547	2012	Service Provider Specialty must be within the valid domain of values.	DC026	Service Provider Specialty	98	B
3865	264	2008	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19, 20, 21.	PC036	Paid Amount	99	A0
3865	482	2009	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19, 20, 21.	PC036	Paid Amount	99	A0
3865	1435	2010	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19, 20, 21.	PC036	Paid Amount	99	A0
3865	4156	2011	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19,	PC036	Paid Amount	99	A0



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			20, 21.				
3865	5083	2012	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19, 20, 21.	PC036	Paid Amount	99	A0
3866	5789054	2009	The Vision Deductible is required when Vision Benefit (ME118) = 1.	ME116	Vision Deductible	90	B
3866	6264185	2010	The Vision Deductible is required when Vision Benefit (ME118) = 1.	ME116	Vision Deductible	90	B
3866	20023282	2011	The Vision Deductible is required when Vision Benefit (ME118) = 1.	ME116	Vision Deductible	90	B
3866	95369012	2012	The Vision Deductible is required when Vision Benefit (ME118) = 1.	ME116	Vision Deductible	90	B
3867	68510640	2008	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .	MC073	APC	20	C
3867	75532972	2009	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .	MC073	APC	20	C
3867	81123935	2010	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .	MC073	APC	20	C
3867	93539949	2011	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .	MC073	APC	20	C
3867	93208212	2012	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .	MC073	APC	20	C
3868	60212	2008	APC Version is required when APC is populated.	MC074	APC Version	20	C
3868	205994	2009	APC Version is required when APC is populated.	MC074	APC Version	20	C
3868	27415	2010	APC Version is required when APC is populated.	MC074	APC Version	20	C
3868	113938	2011	APC Version is required when APC is populated.	MC074	APC Version	20	C
3868	118626	2012	APC Version is required when APC is populated.	MC074	APC Version	20	C
3869	54612338	2008	The Family Planning Indicator is required when Type of Claim = 001.	MC127	Family Planning Indicator	0	B
3869	57823495	2009	The Family Planning Indicator is required when Type of Claim = 001.	MC127	Family Planning Indicator	0	B
3869	56748616	2010	The Family Planning Indicator is required when Type of Claim = 001.	MC127	Family Planning Indicator	0	B
3869	59391424	2011	The Family Planning Indicator is required when Type of Claim = 001.	MC127	Family Planning Indicator	0	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3869	71209778	2012	The Family Planning Indicator is required when Type of Claim = 001.	MC127	Family Planning Indicator	0	B
3870	54685887	2008	The EPSDT Indicator is required when Type of Claim = 001.	MC129	EPSDT Indicator	0	B
3870	57931583	2009	The EPSDT Indicator is required when Type of Claim = 001.	MC129	EPSDT Indicator	0	B
3870	56899479	2010	The EPSDT Indicator is required when Type of Claim = 001.	MC129	EPSDT Indicator	0	B
3870	59552277	2011	The EPSDT Indicator is required when Type of Claim = 001.	MC129	EPSDT Indicator	0	B
3870	71389322	2012	The EPSDT Indicator is required when Type of Claim = 001.	MC129	EPSDT Indicator	0	B
3871	2324748	2011	The Gender Code is required when Provider ID Code (PV034) = 1.	PV014	Gender Code	20	B
3871	3243877	2012	The Gender Code is required when Provider ID Code (PV034) = 1.	PV014	Gender Code	20	B
3872	21986039	2011	The Street Address2 Name is required when Street Address1 Name (PV016) is missing.	PV017	Street Address2 Name	2	A0
3872	7114957	2012	The Street Address2 Name is required when Street Address1 Name (PV016) is missing.	PV017	Street Address2 Name	2	A0
3873	60147592	2011	The Mailing Street Address2 Name is required when Mailing Street Address1 Name (PV023) is missing.	PV024	Mailing Street Address2 Name	2	B
3873	13599004	2012	The Mailing Street Address2 Name is required when Mailing Street Address1 Name (PV023) is missing.	PV024	Mailing Street Address2 Name	2	B
3874	908728	2011	The State Code is required when the Country Code (PV020) is USA.	PV019	State Code	98	A0
3874	751600	2012	The State Code is required when the Country Code (PV020) is USA.	PV019	State Code	98	A0
3875	36858090	2011	The Mailing State Code is required when the Mailing Country Code (PV027) is USA.	PV026	Mailing State Code	98	A0
3875	8149613	2012	The Mailing State Code is required when the Mailing Country Code (PV027) is USA.	PV026	Mailing State Code	98	A0
3876	2520168	2011	Entity Code is required when PV034 = 2,3,4,5,6,7,0.	PV013	Entity Code	98	A0
3876	2505930	2012	Entity Code is required when PV034 = 2,3,4,5,6,7,0.	PV013	Entity Code	98	A0
3877	6107348	2009	Dental Deductible is required when Dental Coverage (ME020) = 1.	ME115	Dental Deductible	90	B
3877	6659956	2010	Dental Deductible is required when Dental Coverage (ME020) = 1.	ME115	Dental Deductible	90	B
3877	19737043	2011	Dental Deductible is required when Dental Coverage (ME020) = 1.	ME115	Dental Deductible	90	B
3877	85423743	2012	Dental Deductible is required when Dental Coverage (ME020) = 1.	ME115	Dental Deductible	90	B
3878	97109051	2008	Diagnostic Pointer is required when Type of Claim (MC094) = 001.	MC111	Diagnostic Pointer	90	B
3878	99296779	2009	Diagnostic Pointer is required when Type of Claim (MC094) = 001.	MC111	Diagnostic Pointer	90	B
3878	94365291	2010	Diagnostic Pointer is required when Type of Claim (MC094) = 001.	MC111	Diagnostic Pointer	90	B
3878	96817726	2011	Diagnostic Pointer is required when Type of Claim (MC094) = 001.	MC111	Diagnostic Pointer	90	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3878	89598650	2012	Diagnostic Pointer is required when Type of Claim (MC094) = 001.	MC111	Diagnostic Pointer	90	B
3879	6107157	2008	The Prescribing Physician First Name is required when Prescribing ProviderID (PC043) is empty.	PC044	Prescribing Physician First Name	50	B
3879	5342956	2009	The Prescribing Physician First Name is required when Prescribing ProviderID (PC043) is empty.	PC044	Prescribing Physician First Name	50	B
3879	3672934	2010	The Prescribing Physician First Name is required when Prescribing ProviderID (PC043) is empty.	PC044	Prescribing Physician First Name	50	B
3879	3634253	2011	The Prescribing Physician First Name is required when Prescribing ProviderID (PC043) is empty.	PC044	Prescribing Physician First Name	50	B
3879	3407356	2012	The Prescribing Physician First Name is required when Prescribing ProviderID (PC043) is empty.	PC044	Prescribing Physician First Name	50	B
3880	8961360	2008	The Prescribing Physician Middle Name is required when Prescribing ProviderID (PC043) is empty.	PC045	Prescribing Physician Middle Name	2	C
3880	7306426	2009	The Prescribing Physician Middle Name is required when Prescribing ProviderID (PC043) is empty.	PC045	Prescribing Physician Middle Name	2	C
3880	5240627	2010	The Prescribing Physician Middle Name is required when Prescribing ProviderID (PC043) is empty.	PC045	Prescribing Physician Middle Name	2	C
3880	5097560	2011	The Prescribing Physician Middle Name is required when Prescribing ProviderID (PC043) is empty.	PC045	Prescribing Physician Middle Name	2	C
3880	5095166	2012	The Prescribing Physician Middle Name is required when Prescribing ProviderID (PC043) is empty.	PC045	Prescribing Physician Middle Name	2	C
3881	5721979	2008	The Prescribing Physician Last Name is required when Prescribing ProviderID (PC043) is empty.	PC046	Prescribing Physician Last Name	50	B
3881	5158438	2009	The Prescribing Physician Last Name is required when Prescribing ProviderID (PC043) is empty.	PC046	Prescribing Physician Last Name	50	B
3881	3569084	2010	The Prescribing Physician Last Name is required when Prescribing	PC046	Prescribing	50	B

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			ProviderID (PC043) is empty.		Physician Last Name		
3881	3539320	2011	The Prescribing Physician Last Name is required when Prescribing ProviderID (PC043) is empty.	PC046	Prescribing Physician Last Name	50	B
3881	3281230	2012	The Prescribing Physician Last Name is required when Prescribing ProviderID (PC043) is empty.	PC046	Prescribing Physician Last Name	50	B
3882	3760377	2008	The Prescribing Physician DEA Number is required when Prescribing ProviderID (PC043) is empty.	PC047	Prescribing Physician DEA Number	80	B
3882	4059832	2009	The Prescribing Physician DEA Number is required when Prescribing ProviderID (PC043) is empty.	PC047	Prescribing Physician DEA Number	80	B
3882	2458878	2010	The Prescribing Physician DEA Number is required when Prescribing ProviderID (PC043) is empty.	PC047	Prescribing Physician DEA Number	80	B
3882	2823507	2011	The Prescribing Physician DEA Number is required when Prescribing ProviderID (PC043) is empty.	PC047	Prescribing Physician DEA Number	80	B
3882	2898735	2012	The Prescribing Physician DEA Number is required when Prescribing ProviderID (PC043) is empty.	PC047	Prescribing Physician DEA Number	80	B
3883	10549779	2008	The Prescribing Physician NPI is required when Prescribing ProviderID (PC043) is empty.	PC048	Prescribing Physician NPI	80	C
3883	7717278	2009	The Prescribing Physician NPI is required when Prescribing ProviderID (PC043) is empty.	PC048	Prescribing Physician NPI	80	C
3883	5199720	2010	The Prescribing Physician NPI is required when Prescribing ProviderID (PC043) is empty.	PC048	Prescribing Physician NPI	80	C
3883	4964617	2011	The Prescribing Physician NPI is required when Prescribing ProviderID (PC043) is empty.	PC048	Prescribing Physician NPI	80	C
3883	6746616	2012	The Prescribing Physician NPI is required when Prescribing ProviderID (PC043) is empty.	PC048	Prescribing Physician NPI	80	C
3884	11106833	2008	The Prescribing Physician Plan Number is required when Prescribing ProviderID (PC043) is empty.	PC049	Prescribing Physician Plan Number	10	C
3884	9665338	2009	The Prescribing Physician Plan Number is required when Prescribing ProviderID (PC043) is empty.	PC049	Prescribing Physician Plan	10	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
					Number		
3884	7410155	2010	The Prescribing Physician Plan Number is required when Prescribing ProviderID (PC043) is empty.	PC049	Prescribing Physician Plan Number	10	C
3884	8197392	2011	The Prescribing Physician Plan Number is required when Prescribing ProviderID (PC043) is empty.	PC049	Prescribing Physician Plan Number	10	C
3884	9313426	2012	The Prescribing Physician Plan Number is required when Prescribing ProviderID (PC043) is empty.	PC049	Prescribing Physician Plan Number	10	C
3885	10871003	2008	The Prescribing Physician License Number is required when Prescribing ProviderID (PC043) is empty.	PC050	Prescribing Physician License Number	10	B
3885	8928196	2009	The Prescribing Physician License Number is required when Prescribing ProviderID (PC043) is empty.	PC050	Prescribing Physician License Number	10	B
3885	6597574	2010	The Prescribing Physician License Number is required when Prescribing ProviderID (PC043) is empty.	PC050	Prescribing Physician License Number	10	B
3885	6769573	2011	The Prescribing Physician License Number is required when Prescribing ProviderID (PC043) is empty.	PC050	Prescribing Physician License Number	10	B
3885	9297696	2012	The Prescribing Physician License Number is required when Prescribing ProviderID (PC043) is empty.	PC050	Prescribing Physician License Number	10	B
3886	8230610	2008	The Prescribing Physician Street Address is required when Prescribing ProviderID (PC043) is empty.	PC051	Prescribing Physician Street Address	10	C
3886	6722488	2009	The Prescribing Physician Street Address is required when Prescribing ProviderID (PC043) is empty.	PC051	Prescribing Physician Street Address	10	C
3886	4735950	2010	The Prescribing Physician Street Address is required when Prescribing ProviderID (PC043) is empty.	PC051	Prescribing Physician Street Address	10	C
3886	4485884	2011	The Prescribing Physician Street Address is required when Prescribing ProviderID (PC043) is empty.	PC051	Prescribing Physician Street Address	10	C
3886	4720374	2012	The Prescribing Physician Street Address is required when Prescribing	PC051	Prescribing	10	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			ProviderID (PC043) is empty.		Physician Street Address		
3887	9705102	2008	The Prescribing Physician Street Address 2 is required when Prescribing ProviderID (PC043) is empty.	PC052	Prescribing Physician Street Address 2	2	C
3887	8329815	2009	The Prescribing Physician Street Address 2 is required when Prescribing ProviderID (PC043) is empty.	PC052	Prescribing Physician Street Address 2	2	C
3887	6217053	2010	The Prescribing Physician Street Address 2 is required when Prescribing ProviderID (PC043) is empty.	PC052	Prescribing Physician Street Address 2	2	C
3887	6624587	2011	The Prescribing Physician Street Address 2 is required when Prescribing ProviderID (PC043) is empty.	PC052	Prescribing Physician Street Address 2	2	C
3887	6805798	2012	The Prescribing Physician Street Address 2 is required when Prescribing ProviderID (PC043) is empty.	PC052	Prescribing Physician Street Address 2	2	C
3888	8242871	2008	The Prescribing Physician City is required when Prescribing ProviderID (PC043) is empty.	PC053	Prescribing Physician City	10	C
3888	6710046	2009	The Prescribing Physician City is required when Prescribing ProviderID (PC043) is empty.	PC053	Prescribing Physician City	10	C
3888	4707058	2010	The Prescribing Physician City is required when Prescribing ProviderID (PC043) is empty.	PC053	Prescribing Physician City	10	C
3888	4475323	2011	The Prescribing Physician City is required when Prescribing ProviderID (PC043) is empty.	PC053	Prescribing Physician City	10	C
3888	4720478	2012	The Prescribing Physician City is required when Prescribing ProviderID (PC043) is empty.	PC053	Prescribing Physician City	10	C
3889	8229821	2008	The Prescribing Physician State is required when Prescribing ProviderID (PC043) is empty.	PC054	Prescribing Physician State	10	C
3889	6704414	2009	The Prescribing Physician State is required when Prescribing ProviderID (PC043) is empty.	PC054	Prescribing Physician State	10	C
3889	4685226	2010	The Prescribing Physician State is required when Prescribing ProviderID (PC043) is empty.	PC054	Prescribing Physician State	10	C
3889	4427602	2011	The Prescribing Physician State is required when Prescribing ProviderID (PC043) is empty.	PC054	Prescribing Physician State	10	C
3889	4711246	2012	The Prescribing Physician State is required when Prescribing ProviderID (PC043) is empty.	PC054	Prescribing Physician State	10	C
3890	8218507	2008	The Prescribing Physician Zip is required when Prescribing ProviderID	PC055	Prescribing	10	C

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			(PC043) is empty.		Physician Zip		
3890	6701384	2009	The Prescribing Physician Zip is required when Prescribing ProviderID (PC043) is empty.	PC055	Prescribing Physician Zip	10	C
3890	4698974	2010	The Prescribing Physician Zip is required when Prescribing ProviderID (PC043) is empty.	PC055	Prescribing Physician Zip	10	C
3890	4463345	2011	The Prescribing Physician Zip is required when Prescribing ProviderID (PC043) is empty.	PC055	Prescribing Physician Zip	10	C
3890	4720215	2012	The Prescribing Physician Zip is required when Prescribing ProviderID (PC043) is empty.	PC055	Prescribing Physician Zip	10	C
3891	8348284	2008	Service Provider First name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC028	Service Provider First Name	92	C
3891	8696392	2009	Service Provider First name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC028	Service Provider First Name	92	C
3891	6678309	2010	Service Provider First name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC028	Service Provider First Name	92	C
3891	5692034	2011	Service Provider First name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC028	Service Provider First Name	92	C
3891	6176350	2012	Service Provider First name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC028	Service Provider First Name	92	C
3892	25074224	2008	The Service Provider Middle Name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC029	Service Provider Middle Name	2	C
3892	27854073	2009	The Service Provider Middle Name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC029	Service Provider Middle Name	2	C
3892	26764398	2010	The Service Provider Middle Name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC029	Service Provider Middle Name	2	C
3892	26847797	2011	The Service Provider Middle Name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC029	Service Provider Middle Name	2	C
3892	27817533	2012	The Service Provider Middle Name is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC029	Service Provider Middle Name	2	C
3893	23163493	2008	The Service Provider Suffix is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC031	Service Provider Suffix	2	Z
3893	26705163	2009	The Service Provider Suffix is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC031	Service Provider Suffix	2	Z
3893	37160168	2010	The Service Provider Suffix is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC031	Service Provider Suffix	2	Z
3893	48604950	2011	The Service Provider Suffix is required when Service Provider Entity Type Qualifier (MC027) = 1.	MC031	Service Provider Suffix	2	Z
3893	58620995	2012	The Service Provider Suffix is required when Service Provider Entity Type	MC031	Service Provider	2	Z

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
			Qualifier (MC027) = 1.		Suffix		
3894	120541	2008	Service Provider First Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC022	Service Provider First Name	98	C
3894	234723	2009	Service Provider First Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC022	Service Provider First Name	98	C
3894	234481	2010	Service Provider First Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC022	Service Provider First Name	98	C
3894	177212	2011	Service Provider First Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC022	Service Provider First Name	98	C
3894	205455	2012	Service Provider First Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC022	Service Provider First Name	98	C
3895	4200528	2008	Service Provider Middle Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC023	Service Provider Middle Name	2	C
3895	5184829	2009	Service Provider Middle Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC023	Service Provider Middle Name	2	C
3895	5858439	2010	Service Provider Middle Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC023	Service Provider Middle Name	2	C
3895	5902326	2011	Service Provider Middle Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC023	Service Provider Middle Name	2	C
3895	6000589	2012	Service Provider Middle Name is required when Service Provider Entity Type Qualifier (DC021) equals 1.	DC023	Service Provider Middle Name	2	C
3897	1	2011	The file type is not valid for the submission period selected.	HD004	Type of File	0.1	NULL
3898	11	2008	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.	DC010	Member Identification Code	70	B
3898	10	2009	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.	DC010	Member Identification Code	70	B
3899	4	2008	Service Provider Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	DC019	Service Provider Tax ID Number	99	C
3899	83	2009	Service Provider Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	DC019	Service Provider Tax ID Number	99	C
3900	2	2008	Billing Provider Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	DC044	Billing Provider Tax ID Number	90	C
3900	160	2009	Billing Provider Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	DC044	Billing Provider Tax ID Number	90	C
3901	71	2008	Subscriber SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.	MC007	Subscriber SSN	79	B
3902	2473	2008	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.	MC010	Member SSN	73	B



Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3902	1742	2009	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.	MC010	Member SSN	73	B
3902	428	2010	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.	MC010	Member SSN	73	B
3908	1067	2008	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC010	Member SSN	98	B
3908	1080	2009	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC010	Member SSN	98	B
3908	384	2010	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC010	Member SSN	98	B
3909	39135	2008	Pharmacy Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC019	Pharmacy Tax ID Number	20	C
3909	42913	2009	Pharmacy Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC019	Pharmacy Tax ID Number	20	C
3909	18505	2010	Pharmacy Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC019	Pharmacy Tax ID Number	20	C
3910	461	2008	Billing Provider Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC062	Billing Provider Tax ID Number	90	C
3910	891	2009	Billing Provider Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC062	Billing Provider Tax ID Number	90	C
3910	135	2010	Billing Provider Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.	PC062	Billing Provider Tax ID Number	90	C
3915	100	2009	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.	PC072	Delegated Benefit Administrator Organization ID	0	C
3915	11	2010	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.	PC072	Delegated Benefit Administrator Organization ID	0	C
3916	613861	2009	Member PCP Effective Date must be no greater than 1 year from submission filing period.	ME047	Member PCP Effective Date	98	B
3916	245933	2010	Member PCP Effective Date must be no greater than 1 year from submission filing period.	ME047	Member PCP Effective Date	98	B
3916	1	2011	Member PCP Effective Date must be no greater than 1 year from submission filing period.	ME047	Member PCP Effective Date	98	B
3916	30	2012	Member PCP Effective Date must be no greater than 1 year from submission filing period.	ME047	Member PCP Effective Date	98	B
3917	17479	2011	Begin Date must be no greater than 1 year of the submission filing period.	PV037	Begin Date	98	A2
3917	93	2012	Begin Date must be no greater than 1 year of the submission filing period.	PV037	Begin Date	98	A2

Edit ID	Number of Errors	Submission Year	Message	Data Element	Element Name	Threshold	Field Level
3918	80158	2011	Provider Affiliation Start Date must be no greater than 1 year of the submission filing period.	PV062	Provider Affiliation Start Date	98	A0
3918	93	2012	Provider Affiliation Start Date must be no greater than 1 year of the submission filing period.	PV062	Provider Affiliation Start Date	98	A0
3920	264574	2008	Charge Amount cannot be zero.	MC062	Charge Amount	99	A0
3920	679169	2009	Charge Amount cannot be zero.	MC062	Charge Amount	99	A0
3920	4484417	2010	Charge Amount cannot be zero.	MC062	Charge Amount	99	A0
3920	5467514	2011	Charge Amount cannot be zero.	MC062	Charge Amount	99	A0
3920	5865435	2012	Charge Amount cannot be zero.	MC062	Charge Amount	99	A0
3921	59469	2008	Charge Amount cannot be zero.	PC035	Charge Amount	99	A0
3921	39337	2009	Charge Amount cannot be zero.	PC035	Charge Amount	99	A0
3921	57060	2010	Charge Amount cannot be zero.	PC035	Charge Amount	99	A0
3921	74159	2011	Charge Amount cannot be zero.	PC035	Charge Amount	99	A0
3921	85623	2012	Charge Amount cannot be zero.	PC035	Charge Amount	99	A0
3922	4318	2008	Charge Amount cannot be zero.	DC037	Charge Amount	99	A0
3922	3548	2009	Charge Amount cannot be zero.	DC037	Charge Amount	99	A0
3922	3159	2010	Charge Amount cannot be zero.	DC037	Charge Amount	99	A0
3922	2888	2011	Charge Amount cannot be zero.	DC037	Charge Amount	99	A0
3922	2555	2012	Charge Amount cannot be zero.	DC037	Charge Amount	99	A0